





Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017



Health Service Region: ALL						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	725	46	679	271	408
	Follow-up Lead Testing	3	0	3	1	2
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	2	1	1	1	0
	Other	15	7	8	4	4
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>745</b>	<b>54</b>	<b>691</b>	<b>277</b>	<b>414</b>
Dental	Missed Appointment	1,078	21	1,057	421	636
	Follow-up Lead Testing*	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	23	4	19	7	12
	Other	4	0	4	2	2
	<b>Total</b>	<b>1,105</b>	<b>25</b>	<b>1,080</b>	<b>430</b>	<b>650</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow Up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other / Update Patient Address	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	2	0	2	0	2
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Total</b>		<b>1,852</b>	<b>79</b>	<b>1,773</b>	<b>707</b>	<b>1,066</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

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Health Service Region: 1						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	95	0	95	31	64
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>95</b>	<b>0</b>	<b>95</b>	<b>31</b>	<b>64</b>
Dental	Missed Appointment	234	1	233	85	148
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>234</b>	<b>1</b>	<b>233</b>	<b>85</b>	<b>148</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>329</b>	<b>1</b>	<b>328</b>	<b>116</b>	<b>212</b>

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Health Service Region: 2						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	34	2	32	12	20
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>34</b>	<b>2</b>	<b>32</b>	<b>12</b>	<b>20</b>
Dental	Missed Appointment	42	0	42	20	22
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>42</b>	<b>0</b>	<b>42</b>	<b>20</b>	<b>22</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>76</b>	<b>2</b>	<b>74</b>	<b>32</b>	<b>42</b>



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Health Service Region: 3						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	38	0	38	13	25
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	1	0	0	0
	Other	11	6	5	2	3
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>50</b>	<b>7</b>	<b>43</b>	<b>15</b>	<b>28</b>
Dental	Missed Appointment	2	0	2	1	1
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>52</b>	<b>7</b>	<b>45</b>	<b>16</b>	<b>29</b>

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Health Service Region: 4						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	16	1	15	3	12
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>16</b>	<b>1</b>	<b>15</b>	<b>3</b>	<b>12</b>
Dental	Missed Appointment	63	0	63	20	43
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	0	1	0	1
	Other	0	0	0	0	0
	<b>Total</b>	<b>64</b>	<b>0</b>	<b>64</b>	<b>20</b>	<b>44</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>80</b>	<b>1</b>	<b>79</b>	<b>23</b>	<b>56</b>

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Health Service Region: 5						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	2	0	2	1	1
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>
Dental	Missed Appointment	3	0	3	1	2
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>5</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>3</b>

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Health Service Region: 6						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	213	15	198	89	109
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>213</b>	<b>15</b>	<b>198</b>	<b>89</b>	<b>109</b>
Dental	Missed Appointment	84	6	78	23	55
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	4	0	4	2	2
	Other	0	0	0	0	0
	<b>Total</b>	<b>88</b>	<b>6</b>	<b>82</b>	<b>25</b>	<b>57</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total</b>		<b>302</b>	<b>21</b>	<b>281</b>	<b>114</b>	<b>167</b>

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Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017






Health Service Region: 7						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	47	4	43	19	24
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	1	1	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>49</b>	<b>5</b>	<b>44</b>	<b>19</b>	<b>25</b>
Dental	Missed Appointment	107	12	95	60	35
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	16	3	13	5	8
	Other	2	0	2	1	1
	<b>Total</b>	<b>125</b>	<b>15</b>	<b>110</b>	<b>66</b>	<b>44</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>174</b>	<b>20</b>	<b>154</b>	<b>85</b>	<b>69</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017

Health Service Region: 8						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	44	2	42	17	25
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	1	0	1	1	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>46</b>	<b>2</b>	<b>44</b>	<b>18</b>	<b>26</b>
Dental	Missed Appointment	63	0	63	23	40
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	0	1	0	1
	Other	1	0	1	1	0
	<b>Total</b>	<b>65</b>	<b>0</b>	<b>65</b>	<b>24</b>	<b>41</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total</b>		<b>112</b>	<b>2</b>	<b>110</b>	<b>42</b>	<b>68</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017



Health Service Region: 9						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	6	0	6	3	3
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>3</b>
Dental	Missed Appointment	250	1	249	90	159
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	1	0	0	0
	Other	1	0	1	0	1
	<b>Total</b>	<b>252</b>	<b>2</b>	<b>250</b>	<b>90</b>	<b>160</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>258</b>	<b>2</b>	<b>256</b>	<b>93</b>	<b>163</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort.	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017

Health Service Region: 10						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	86	21	65	24	41
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>86</b>	<b>21</b>	<b>65</b>	<b>24</b>	<b>41</b>
Dental	Missed Appointment	3	0	3	1	2
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>89</b>	<b>21</b>	<b>68</b>	<b>25</b>	<b>43</b>



Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017

Health Service Region: 11						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	141	1	140	59	81
	Follow-up Lead Testing	1	0	1	1	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	0	1	1	0
	Other	2	0	2	1	1
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>145</b>	<b>1</b>	<b>144</b>	<b>62</b>	<b>82</b>
Dental	Missed Appointment	221	1	220	97	123
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>221</b>	<b>1</b>	<b>220</b>	<b>97</b>	<b>123</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>366</b>	<b>2</b>	<b>364</b>	<b>159</b>	<b>205</b>



Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	06/01/2017 - 06/30/2017
 	

Health Service Region: NA						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	3	0	3	0	3
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
Dental	Missed Appointment	6	0	6	0	6
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>6</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>9</b>

Report Purpose	
Region labeled NA Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort that could not be positively allocated to one of the 11 official Service Areas.	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: ALL						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	571	60	511	198	313
	Follow-up Lead Testing	3	0	3	0	3
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	2	0	2	1	1
	Other	3	1	2	1	1
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>579</b>	<b>61</b>	<b>518</b>	<b>200</b>	<b>318</b>
Dental	Missed Appointment	588	22	566	275	291
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	33	6	27	12	15
	Other	6	1	5	5	0
	<b>Total</b>	<b>627</b>	<b>29</b>	<b>598</b>	<b>292</b>	<b>306</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow Up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other / Update Patient Address	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	2	0	2	0	2
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>Total</b>		<b>1,208</b>	<b>90</b>	<b>1,118</b>	<b>492</b>	<b>626</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 1						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	53	1	52	19	33
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>53</b>	<b>1</b>	<b>52</b>	<b>19</b>	<b>33</b>
Dental	Missed Appointment	151	0	151	65	86
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>151</b>	<b>0</b>	<b>151</b>	<b>65</b>	<b>86</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>204</b>	<b>1</b>	<b>203</b>	<b>84</b>	<b>119</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 2						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	21	1	20	2	18
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>21</b>	<b>1</b>	<b>20</b>	<b>2</b>	<b>18</b>
Dental	Missed Appointment	29	0	29	18	11
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>29</b>	<b>0</b>	<b>29</b>	<b>18</b>	<b>11</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>50</b>	<b>1</b>	<b>49</b>	<b>20</b>	<b>29</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]





Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017
 	

Health Service Region: 3						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	30	1	29	14	15
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	1	0	1	0	1
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>31</b>	<b>1</b>	<b>30</b>	<b>14</b>	<b>16</b>
Dental	Missed Appointment	8	0	8	3	5
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>3</b>	<b>5</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total</b>		<b>40</b>	<b>1</b>	<b>39</b>	<b>17</b>	<b>22</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 4						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	19	5	14	8	6
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>19</b>	<b>5</b>	<b>14</b>	<b>8</b>	<b>6</b>
Dental	Missed Appointment	6	0	6	3	3
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>3</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>25</b>	<b>5</b>	<b>20</b>	<b>11</b>	<b>9</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 5						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	4	0	4	2	2
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	1	1	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>
Dental	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>6</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 6						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	141	4	137	53	84
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	2	0	2	1	1
	Other	1	0	1	1	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>145</b>	<b>4</b>	<b>141</b>	<b>55</b>	<b>86</b>
Dental	Missed Appointment	53	9	44	22	22
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	3	2	1	1	0
	Other	1	0	1	1	0
	<b>Total</b>	<b>57</b>	<b>11</b>	<b>46</b>	<b>24</b>	<b>22</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>202</b>	<b>15</b>	<b>187</b>	<b>79</b>	<b>108</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 7						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	30	0	30	17	13
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>17</b>	<b>13</b>
Dental	Missed Appointment	94	6	88	48	40
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	27	3	24	10	14
	Other	5	1	4	4	0
	<b>Total</b>	<b>126</b>	<b>10</b>	<b>116</b>	<b>62</b>	<b>54</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>156</b>	<b>10</b>	<b>146</b>	<b>79</b>	<b>67</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 8						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	88	30	58	26	32
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>88</b>	<b>30</b>	<b>58</b>	<b>26</b>	<b>32</b>
Dental	Missed Appointment	52	2	50	28	22
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	2	0	2	1	1
	Other	0	0	0	0	0
	<b>Total</b>	<b>54</b>	<b>2</b>	<b>52</b>	<b>29</b>	<b>23</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>142</b>	<b>32</b>	<b>110</b>	<b>55</b>	<b>55</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 9						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Dental	Missed Appointment	138	0	138	71	67
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	1	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>139</b>	<b>1</b>	<b>138</b>	<b>71</b>	<b>67</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total</b>		<b>140</b>	<b>1</b>	<b>139</b>	<b>71</b>	<b>68</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017






Health Service Region: 10						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	67	15	52	13	39
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>67</b>	<b>15</b>	<b>52</b>	<b>13</b>	<b>39</b>
Dental	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>67</b>	<b>15</b>	<b>52</b>	<b>13</b>	<b>39</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]





Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: 11						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	117	3	114	44	70
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>118</b>	<b>3</b>	<b>115</b>	<b>44</b>	<b>71</b>
Dental	Missed Appointment	51	5	46	15	31
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>51</b>	<b>5</b>	<b>46</b>	<b>15</b>	<b>31</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>169</b>	<b>8</b>	<b>161</b>	<b>59</b>	<b>102</b>



Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	07/01/2017 - 07/31/2017

Health Service Region: NA						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	1	0	1	0	1
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
Dental	Missed Appointment	6	0	6	2	4
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>4</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>7</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>5</b>



Report Purpose	
Region labeled NA Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort that could not be positively allocated to one of the 11 official Service Areas.	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017
 	

Health Service Region: ALL						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	547	28	519	212	307
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	10	0	10	2	8
	Other	12	1	11	9	2
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>570</b>	<b>29</b>	<b>541</b>	<b>223</b>	<b>318</b>
Dental	Missed Appointment	689	71	618	259	359
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	19	2	17	9	8
	Other	6	0	6	5	1
	<b>Total</b>	<b>714</b>	<b>73</b>	<b>641</b>	<b>273</b>	<b>368</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow Up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other / Update Patient Address	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	4	0	4	2	2
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>2</b>
<b>Total</b>		<b>1,288</b>	<b>102</b>	<b>1,186</b>	<b>498</b>	<b>688</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 1						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	65	0	65	24	41
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>65</b>	<b>0</b>	<b>65</b>	<b>24</b>	<b>41</b>
Dental	Missed Appointment	182	0	182	77	105
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>182</b>	<b>0</b>	<b>182</b>	<b>77</b>	<b>105</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>247</b>	<b>0</b>	<b>247</b>	<b>101</b>	<b>146</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 2						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	37	1	36	19	17
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>37</b>	<b>1</b>	<b>36</b>	<b>19</b>	<b>17</b>
Dental	Missed Appointment	32	0	32	9	23
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>32</b>	<b>0</b>	<b>32</b>	<b>9</b>	<b>23</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>69</b>	<b>1</b>	<b>68</b>	<b>28</b>	<b>40</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 3						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	57	9	48	16	32
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	6	1	5	4	1
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>63</b>	<b>10</b>	<b>53</b>	<b>20</b>	<b>33</b>
Dental	Missed Appointment	6	1	5	1	4
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>4</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	1	0	1	1	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Total</b>		<b>70</b>	<b>11</b>	<b>59</b>	<b>22</b>	<b>37</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned For Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 4						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	27	4	23	8	15
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>27</b>	<b>4</b>	<b>23</b>	<b>8</b>	<b>15</b>
Dental	Missed Appointment	51	13	38	21	17
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>51</b>	<b>13</b>	<b>38</b>	<b>21</b>	<b>17</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>78</b>	<b>17</b>	<b>61</b>	<b>29</b>	<b>32</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017






Health Service Region: 5						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	5	2	3	1	2
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>
Dental	Missed Appointment	4	0	4	0	4
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>9</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>6</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]





Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 6						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	105	1	104	41	63
	Follow-up Lead Testing	1	0	1	0	1
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	4	0	4	0	4
	Other	4	0	4	3	1
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>114</b>	<b>1</b>	<b>113</b>	<b>44</b>	<b>69</b>
Dental	Missed Appointment	30	1	29	7	22
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>30</b>	<b>1</b>	<b>29</b>	<b>7</b>	<b>22</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>144</b>	<b>2</b>	<b>142</b>	<b>51</b>	<b>91</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 7						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	16	0	16	7	9
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	1	0	1	1	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>17</b>	<b>0</b>	<b>17</b>	<b>8</b>	<b>9</b>
Dental	Missed Appointment	99	38	61	23	38
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	19	2	17	9	8
	Other	5	0	5	5	0
	<b>Total</b>	<b>123</b>	<b>40</b>	<b>83</b>	<b>37</b>	<b>46</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>140</b>	<b>40</b>	<b>100</b>	<b>45</b>	<b>55</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 8						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	40	0	40	15	25
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>15</b>	<b>25</b>
Dental	Missed Appointment	56	0	56	23	33
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>56</b>	<b>0</b>	<b>56</b>	<b>23</b>	<b>33</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	3	0	3	1	2
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>
<b>Total</b>		<b>99</b>	<b>0</b>	<b>99</b>	<b>39</b>	<b>60</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 9						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	1	0	1	0	1
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
Dental	Missed Appointment	148	0	148	68	80
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	1	0	1	0	1
	<b>Total</b>	<b>149</b>	<b>0</b>	<b>149</b>	<b>68</b>	<b>81</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>150</b>	<b>0</b>	<b>150</b>	<b>68</b>	<b>82</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 10						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	41	10	31	17	14
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	2	0	2	2	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>43</b>	<b>10</b>	<b>33</b>	<b>19</b>	<b>14</b>
Dental	Missed Appointment	2	0	2	2	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>45</b>	<b>10</b>	<b>35</b>	<b>21</b>	<b>14</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach.  [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month.  [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month.  [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]



Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: 11						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	151	1	150	64	86
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	5	0	5	1	4
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>156</b>	<b>1</b>	<b>155</b>	<b>65</b>	<b>90</b>
Dental	Missed Appointment	73	18	55	26	29
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>73</b>	<b>18</b>	<b>55</b>	<b>26</b>	<b>29</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>229</b>	<b>19</b>	<b>210</b>	<b>91</b>	<b>119</b>

Report Purpose	
Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 201
Report Name	Texas Health Steps – Provider Outreach Referral Type
Report Period	08/01/2017 - 08/31/2017

Health Service Region: NA						
Provider Type	Referral Type	Provider Outreach Referrals			Clients Contacted	
		Referrals Processed	Referrals Not Attempted Per Policy	Clients Assigned For Outreach	Contacted By Phone	Letters Mailed
Medical	Missed Appointment	2	0	2	0	2
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	Updated Client Info	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
Dental	Missed Appointment	6	0	6	2	4
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>4</b>
Orthodontic	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Case Management	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other	Missed Appointment	0	0	0	0	0
	Follow-up Lead Testing	0	0	0	0	0
	Transportation Assistance	0	0	0	0	0
	Scheduling Assistance	0	0	0	0	0
	Other	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>8</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>6</b>

Report Purpose	
Region labeled NA Displays a summary of Texas Health Steps provider referrals received and the client response to outreach effort that could not be positively allocated to one of the 11 official Service Areas.	
Report Label	Description
Provider Type	The provider type as self-identified by the Texas Health Steps provider.
Referral Type	The outreach referral selected by the Texas Health Steps provider.
Referrals Processed	The number of referrals processed in a calendar month.
Referrals Not Attempted Per Policy	The number of Texas Health Steps provider referrals not assigned for outreach per policy. Reasons may include: <ul style="list-style-type: none"> <li>• Client is over 21 years of age</li> <li>• Client is no longer Medicaid eligible at the time the referral was received (except Orthodontic referrals)</li> <li>• Client is insured by the Children's Health Insurance Program (CHIP)</li> <li>• The missed appointment is greater than 90 days old</li> </ul>
Clients Assigned For Outreach	The number of Texas Health Steps provider referrals assigned for outreach. [Client Assigned For Outreach = Referrals Processed - Referrals Not Attempted Per Policy]
Contacted By Phone	The number of clients successfully contacted by phone during the outreach attempt in the calendar month. [Contacted by Phone = Clients Assigned for Outreach - Letter Mailed]
Letter Mailed	The number of clients mailed an outreach letter in the calendar month. [Letter Mailed = Clients Assigned For Outreach - Contacted By Phone]

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	06/01/2017 - 06/30/2017
 	

Region	Provider Type	Provider Name	Clients Referred
State Total	Dental	-	1,105
	Medical	-	745
	Orthodontic	-	0
	Case Management	-	0
	Other	-	2
Total			1,852
Region NA	Dental	FAMILIA DENTAL	6
	Medical	EL PASO KIDS KLINIC	3
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			9
Region 01	Dental	FAMILIA DENTAL	232
		ROSENBERG FAMILY SMILES	1
		ST PAUL CHILDRENS DENTAL CLINIC	1
	Medical	ANGELA HANNAWAY	2
		CATHY POWERS/HILLSIDE FAMLY HEALTH CLINIC	85
		MEDICAL CENTER OF DIMMIT	2
		SLATON CLINIC	2
		UMC@YSLETA	2
		WALLACE MANN	2
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			329
Region 02	Dental	FAMILIA DENTAL	42
		COGDELL FAMILY CLINIC	29
	Medical	COPPELL PEDIATRICS ASSOC	1
		IOWA PARK CLINIC	2
		SHACKELFORD COUNTY HEALTH CLINIC	1
		WISE CLINICAL COMMUNITY HEALTH	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			76
Region 03	Dental	FAMILIA DENTAL	2
	Medical	ATHENS WOMENS AND CHILDRENS CENTER	1
		BUCKNER ELAM MEDICAL	5
		CHILDREN'S CLINIC OF RICHARDSON	17
		COPPELL PEDIATRICS ASSOC	26
		WISE CLINICAL COMMUNITY HEALTH	1
	Orthodontic	-	0
Total	Case Management	-	0
	Other	-	0
Total			52



Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	06/01/2017 - 06/30/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 04	Dental	BLU DENTAL OF AUSTIN	1
		KINDLE DENTAL	5
		PARIS CHILDRENS DENTISTRY	11
		ST PAUL CHILDRENS DENTAL CLINIC	47
	Medical	ATHENS WOMENS AND CHILDRENS CENTER	10
		CROSSROADS FAMILY CARE	1
		ETMC FIRST PHYSICIANS CLINIC	1
		KIM BURLINGHAM	1
		MEDICAL ARTS CLINIC	2
		ST PAUL CHILDRENS	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>80</b>
Region 05	Dental	SILSBEE FAMILY DENTISTRY	3
	Medical	LITTLE JACKS PEDIATRICS	1
		NANCY NGO	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>5</b>
Region 06	Dental	AAH SMILE	1
		BOEHM DENTAL	1
		GROWING SMILES CHILDRENS DENTAL CENTER	4
		MATRICE DENTAL	3
		ROSENBERG FAMILY SMILES	64
		SILSBEE FAMILY DENTISTRY	1
		SOUTHMORE DENTAL	11
		ST PAUL CHILDRENS DENTAL CLINIC	3
	Medical	BEAR CREEK PEDIATRIC CLINIC	2
		BRAZOSPORT PEDIATRIC CLINIC	64
		CARING HANDS PEDIATRICS	34
		MEMORIAL HERMANN MEDICAL GROUP	41
		PEGGY WONGSA	14
		TAYLOR PEDIATRICS	1
		TEXAS CHILDREN'S PEDIATRICS	4
		TEXAS CHILDRENS PEDIATRICS RIPLEY HOUSE	50
		TRINA TAYLOR	3
	Orthodontic	-	0
	Case Management	-	0
	Other	TXCLPPP	1
<b>Total</b>			<b>302</b>



Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	06/01/2017 - 06/30/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 07	Dental	AMOR DENTAL CARE	10
		AUSTIN CHILDRENS DENTISTRY	1
		BLU DENTAL OF AUSTIN	21
		BRIGHT SMILES DENTAL	2
		CRESCENT DENTAL	6
		HERITAGE DENTAL CARE	2
		LONE STAR PEDIATRIC DENTAL	63
		MANZANITA KIDS DENTISTRY	13
		NORTH PARK FAMILY DENTAL	1
		PLANET SMILE FAMILY DENTAL	5
		ST PAUL CHILDRENS DENTAL CLINIC	1
	Medical	AMADO RAMIREZ JR	1
		BARBARA PIERCE MD	1
		BAYLOR SCOTT and WHITE CLINIC	18
		CAROUSEL PEDIATRICS	2
		CHILDRENS UROLOGY	4
		FCHC MARLIN CLINIC	1
		GABRIEL C MILLAR	3
		LONE STAR PEDIATRIC DENTAL	1
		PEDIATRIC DENTAL PROFESSIONALS	1
		SCOTT & WHITE CLINIC ROCK PRAIRIE	1
		SCOTT AND WHITE HOERSTER CLINIC	6
		SETON FAMILY OF DOCTORS SMITHVILLE ANNEX Region 07 M	10
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>174</b>
Region 08	Dental	DAVID VILLARREAL DDS	8
		FAMILIA DENTAL	57
	Medical	BAYLOR SCOTT and WHITE CLINIC	1
		CHILD CARE ASSOCIATES	1
		COMMUNICARE HEALTH CENTER EAST CAMPUS	7
		DEAN ZINCONE	4
		KELLUM MEDICAL GROUP	7
		NORTHEAST PEDIATRIC ASSOCIATES	4
		NORTHEAST PEDIATRICS	1
		PEDIATRICS & ADOLESCENTS	17
		TEXAS CHILDRENS PEDIATRICS RIPLEY HOUSE	2
		TXCLPP	2
	Orthodontic	-	0
	Case Management	-	0
	Other	TXCLPPP	1
<b>Total</b>			<b>112</b>



Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	06/01/2017 - 06/30/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 09	Dental	BLU DENTAL OF AUSTIN	1
		FAMILIA DENTAL	251
	Medical	EL PASO KIDS KLINIC	1
		V NGUYEN NA M	5
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>258</b>
Region 10	Dental	FAMILIA DENTAL	3
		EDUARDO COVARRUBIAS	1
	Medical	EL PASO KIDS KLINIC	54
		NEC PEDIATRICS	2
		NORTHEAST CORNERSTONE PEDIATRICS	1
		PEDIATRIC PARTNERS EL PASO	28
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>89</b>
Region 11	Dental	AAH SMILE	64
		ACCESS DENTAL	1
		DAVID VILLARREAL DDS	3
		FAMILIA DENTAL	2
		GROWING SMILES CHILDRENS DENTAL CENTER	147
		WILLIAM J TINNELL	4
	Medical	ARGENAL PEDIATRICS	13
		LAREDO PEDIATRICS & NEONATOLOGY	57
		PHARR KIDS CLINIC	22
		RACHEL C VURBEFF	8
		ROMEO F MONTALVO	2
		ROSA GUZMAN MDPA	7
		SERGIO PRECIADO/MISSION CHILDRENS CLINIC	35
		SOUTH PADRE ISLAND PEDIATRICS CENTER	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>366</b>



<b>Report Purpose</b>	
Displays a summary of providers participating in the Texas Health Steps Provider Outreach Referral Services and the number of referrals Submitted	
<b>Report Label</b>	<b>Description</b>
Health Service Region (HSR)	DSHS Health Service Regions 1-11 including state totals Clients listed under the 'N/A' HSR either do not have a county assigned to them, or the county assigned to them is invalid.
Provider Type	The Provider type as self-identified by the Texas Health Steps Provider
Provider Details	The Provider Clinic or office name. Note: Dash indicates no referrals submitted by the provider type for the report period displayed
Clients Referred	The Number of Clients referred by the Texas Health Steps Provider

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	07/01/2017 - 07/31/2017
 	



Region	Provider Type	Provider Name	Clients Referred
State Total	Dental	-	627
	Medical	-	579
	Orthodontic	-	0
	Case Management	-	0
	Other	-	2
Total			1,208
Region NA	Dental	AAH SMILE	1
	Dental	FAMILIA DENTAL	5
	Medical	MEMORIAL HERMANN MEDICAL GROUP	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			7
Region 01	Dental	F RICARDO MORENO	3
		FAMILIA DENTAL	147
		LONE STAR PEDIATRIC DENTAL	1
	Medical	ANGELA HANNAWAY	3
		CATHY POWERS/HILLSIDE FAMILY HEALTH CLINIC	48
		MEDICAL CENTER OF DIMMIT	1
		WALLACE MANN	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			204
Region 02	Dental	FAMILIA DENTAL	29
	Medical	BRENT STEADMAN	2
		COGDELL FAMILY CLINIC	18
		WISE CLINICAL COMMUNITY HEALTH	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
Total			50
Region 03	Dental	FAMILIA DENTAL	1
		MARIA ELBA GARCIA-IBANCOUCHI	4
		PARIS CHILDRENS DENTISTRY	2
		PERLA DENTAL OF ARLINGTON	1
	Medical	ASHLEY MENTA	1
		ATHENS WOMENS AND CHILDRENS CENTER	1
		CATHY POWERS/HILLSIDE FAMILY HEALTH CLINIC	1
		CHILDRENS HEALTH PEDIATRIC GROUP	2
		CLINICAL CARE ASSOCIATES-COMMUNITY HEALTH CLINIC	1
		COPPELL PEDIATRICS ASSOC	21
		KIDS WELLNESS CENTER	1
		MARIA ELBA GARCIA-IBANCOUCHI	1
		WISE CLINICAL COMMUNITY HEALTH	2
	Orthodontic	-	0
	Case Management	-	0
	Other	TXCLPPP	1
Total			40

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	07/01/2017 - 07/31/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 04	Dental	PARIS CHILDRENS DENTISTRY	6
	Medical	ATHENS WOMENS AND CHILDRENS CENTER	11
		COMMUNICARE HEALTH CENTER EAST CAMPUS	1
		CROSSROADS FAMILY CARE	1
		MEDICAL ARTS CLINIC	6
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>25</b>
Region 05	Dental	-	0
	Medical	CHILD BLOOD LEAD PROGRAM	1
		CROSSROADS FAMILY CARE	2
		LITTLE JACKS PEDIATRICS	2
		TRINA TAYLOR	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>6</b>
Region 06	Dental	BLU DENTAL OF AUSTIN	1
		BOEHM DENTAL	6
		LONE STAR PEDIATRIC DENTAL	1
		ROSENBERG FAMILY SMILES	41
		SOUTHMORE DENTAL	8
	Medical	BEAR CREEK PEDIATRIC CLINIC	3
		BRAZOSPORT PEDIATRIC CLINIC	21
		CARING FOR KIDS PEDIATRICS	1
		CARING HANDS PEDIATRICS	27
		GERALDINE WILSON	1
		MEMORIAL HERMANN MEDICAL GROUP	17
		NGUYEN THAI	4
		PEGGY WONGSA	9
		TAYLOR PEDIATRICS	1
		TEXAS CHILDREN'S PEDIATRICS	17
		TEXAS CHILDRENS PEDIATRICS RIPLEY HOUSE	16
		THE CHILDRENS DOCTORS OF TEXAS	27
		TXCLPP	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>202</b>

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	07/01/2017 - 07/31/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 07	Dental	AMOR DENTAL CARE	4
		AUSTIN CHILDRENS DENTISTRY	3
		BLU DENTAL OF AUSTIN	37
		FAMILIA DENTAL	2
		LONE STAR PEDIATRIC DENTAL	63
		MANZANITA KIDS DENTISTRY	15
		NORTH PARK FAMILY DENTAL	1
		PLANET SMILE FAMILY DENTAL	1
	Medical	BARBARA PIERCE MD	1
		BAYLOR SCOTT and WHITE CLINIC	15
		GABRIEL C MILLAR	6
		LONE STAR PEDIATRIC DENTAL	1
		MCLANE CHILDRENS BELTON PEDIATRICS	1
		PEDIATRIC ASSOCIATES	2
		SETON FAMILY OF DOCTORS SMITHVILLE ANNEX	2
		SETON LOCKHART FAMILY HEALTH CENTER	2
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>156</b>
Region 08	Dental	BLU DENTAL OF AUSTIN	1
		COMMUNICARE HEALTH	2
		DAVID VILLARREAL DDS	10
		FAMILIA DENTAL	41
	Medical	ALAMO HEIGHTS PEDIATRICS	1
		COMMUNICARE HEALTH CENTER EAST CAMPUS	58
		COPPELL PEDIATRICS ASSOC	1
		FREDERICK RHAME	1
		KELLUM MEDICAL GROUP	6
		NORTHEAST PEDIATRIC ASSOCIATES	2
		PEDIATRICS & ADOLESCENTS	19
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>142</b>
Region 09	Dental	BLU DENTAL OF AUSTIN	1
		F RICARDO MORENO	1
		FAMILIA DENTAL	136
		MACARTHUR PEDIATRICS	1
	Medical	-	0
	Orthodontic	-	0
	Case Management	-	0
<b>Total</b>			<b>140</b>

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	07/01/2017 - 07/31/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 10	Dental	-	0
	Medical	ARGELIA WOO-TELLES	5
		EL PASO KIDS KLINIC	38
		PEDIATRIC PARTNERS EL PASO	24
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>67</b>
Region 11	Dental	AAH SMILE	26
		ROSA GUZMAN	1
		WILLIAM J TINNELL	24
	Medical	AMISTAD CHC	11
		CORPUS CHRISTI PEDIATRICS	1
		LAREDO PEDIATRICS & NEONATOLOGY	46
		PHARR KIDS CLINIC	7
		RACHEL C VURBEFF	6
		ROMEO F MONTALVO	1
		ROSA GUZMAN MDPA	12
		SERGIO PRECIADO/MISSION CHILDRENS CLINIC	33
		WILLIAM J TINNELL	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>169</b>

Report Purpose	
Displays a summary of providers participating in the Texas Health Steps Provider Outreach Referral Services and the number of referrals Submitted	
Report Label	Description
Health Service Region (HSR)	DSHS Health Service Regions 1-11 including state totals Clients listed under the 'N/A' HSR either do not have a county assigned to them, or the county assigned to them is invalid.
Provider Type	The Provider type as self-identified by the Texas Health Steps Provider
Provider Details	The Provider Clinic or office name. Note: Dash indicates no referrals submitted by the provider type for the report period displayed
Clients Referred	The Number of Clients referred by the Texas Health Steps Provider

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	08/01/2017 - 08/31/2017





Region	Provider Type	Provider Name	Clients Referred
State Total	Dental	-	714
	Medical	-	570
	Orthodontic	-	0
	Case Management	-	0
	Other	-	4
	<b>Total</b>		<b>1,288</b>
Region NA	Dental	FAMILIA DENTAL	4
		LONE STAR PEDIATRIC DENTAL	1
		ROSENBERG FAMILY SMILES	1
	Medical	CHILDRENS HEALTH PEDIATRIC GROUP	2
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
	<b>Total</b>		<b>8</b>
Region 01	Dental	F RICARDO MORENO	1
		FAMILIA DENTAL	181
	Medical	CATHY POWERS/HILLSIDE FAMLY HEALTH CLINIC	61
		COGDELL FAMILY CLINIC	1
		FAMILY CARE CENTER OF QUITMAN	1
		WALLACE MANN	2
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
	<b>Total</b>		<b>247</b>
Region 02	Dental	F RICARDO MORENO	1
		FAMILIA DENTAL	31
	Medical	BRENT STEADMAN	11
		COGDELL FAMILY CLINIC	25
		DOCTORS MEDICAL CENER	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
	<b>Total</b>		<b>69</b>
Region 03	Dental	LORENA MOLINA RIOJAS	1
		MARIA ELBA GARCIA-IBANCOUCHI	3
		PARIS CHILDRENS DENTISTRY	2
	Medical	ANGELA HANNAWAY	1
		ASHLEY MENTA	14
		ATHENS WOMENS AND CHILDRENS CENTER	1
		CHILDRENS HEALTH PEDIATRIC GROUP	29
		CLINICAL CARE ASSOCIATES-COMMUNITY HEALTH CLINIC	2
		COPPELL PEDIATRICS ASSOC	14
		MARIA ELBA GARCIA-IBANCOUCHI	1
		TXCLPP	1
	Orthodontic	-	0
	Case Management	-	0
	Other	TXCLPPP	1
	<b>Total</b>		<b>70</b>





Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	08/01/2017 - 08/31/2017



Region	Provider Type	Provider Name	Clients Referred
Region 04	Dental	PARIS CHILDRENS DENTISTRY	27
	Dental	ST PAUL CHILDRENS DENTAL CLINIC	24
	Medical	ATHENS WOMENS AND CHILDRENS CENTER	11
		CROSSROADS FAMILY CARE	1
		KARAH COKER	4
		LAREDO PEDIATRICS & NEONATOLOGY	1
		MEDICAL ARTS CLINIC	2
		PARIS CHILDRENS DENTISTRY	1
		SHARMAN MOORE	1
		ST PAUL CHILDRENS	4
		THE CLINIC FOR CHILDREN	2
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>78</b>
Region 05	Dental	JOE R KENESON/JAMES LANDIS	3
	Dental	SILSBEE FAMILY DENTISTRY	1
	Medical	ATHENS WOMENS AND CHILDRENS CENTER	1
		CROSSROADS FAMILY CARE	1
		NANCY NGO	3
	Orthodontic	-	0
Region 05	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>9</b>
Region 06	Dental	LONE STAR PEDIATRIC DENTAL	1
		ROSENBERG FAMILY SMILES	25
		SOUTHMORE DENTAL	4
	Medical	BRAZOSPORT PEDIATRIC CLINIC	43
		CARING HANDS PEDIATRICS	3
		KIDS WAY CLINIC	3
		LUV N CARE PEDIATRICS	2
		MEMORIAL HERMANN MEDICAL GROUP	6
		NGUYEN THAI	3
		PEGGY WONGSA	14
		TAYLOR PEDIATRICS	3
		TEXAS CHILDREN'S PEDIATRICS	15
		TEXAS CHILDRENS PEDIATRICS RIPLEY HOUSE	20
		THE CHILDRENS DOCTORS OF TEXAS	1
		TXCLPP	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>144</b>



Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	08/01/2017 - 08/31/2017
 	

Region	Provider Type	Provider Name	Clients Referred
Region 07	Dental	AMOR DENTAL CARE	8
		BLU DENTAL OF AUSTIN	8
		FAMILIA DENTAL	1
		LONE STAR PEDIATRIC DENTAL	93
		MANZANITA KIDS DENTISTRY	7
		NORTH PARK FAMILY DENTAL	5
		SUNNY HILLS PEDIATRIC DENTISTRY	1
	Medical	BARBARA PIERCE MD	2
		BAYLOR SCOTT and WHITE CLINIC	4
		CATHY POWERS/HILLSIDE FAMLY HEALTH CLINIC	1
		CHILDRENS UROLOGY	5
		GABRIEL C MILLAR	2
		LONE STAR PEDIATRIC DENTAL	2
		SETON FAMILY OF DOCTORS SMITHVILLE ANNEX	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0
<b>Total</b>			<b>140</b>
Region 08	Dental	DAVID VILLARREAL DDS	10
		FAMILIA DENTAL	44
		MR DENTIST	2
	Medical	ALAMO HEIGHTS PEDIATRICS	1
		BROWNSVILLE PEDIATRICS	1
		CHILD CARE ASSOCIATES	2
		DEAN ZINCONE	4
		FREDERICK RHAME	2
		GUADALUPE FAMILY HEALTH	1
		KELLUM MEDICAL GROUP	3
		NORTHEAST PEDIATRIC ASSOCIATES	3
		PEDIATRIC ASSOCIATES	2
		PEDIATRICS & ADOLESCENTS	18
		ROSA GUZMAN MDPA	1
		SOUTH ALAMO MEDICAL GROUP	1
		SOUTHWEST CHILDRENS CENTER	1
	Orthodontic	-	0
	Case Management	-	0
	Other	TXCLPPP	3
<b>Total</b>			<b>99</b>
Region 09	Dental	F RICARDO MORENO	1
		FAMILIA DENTAL	148
	Medical	CATHY POWERS/HILLSIDE FAMLY HEALTH CLINIC	1
	Orthodontic	-	0
	Case Management	-	0
	Other	-	0

Report ID	EB 203
Report Name	Texas Health Steps - Provider Outreach Referral Participation
Report Period	08/01/2017 - 08/31/2017
 	

Region	Provider Type	Provider Name	Clients Referred
<b>Total</b>			<b>150</b>
Region 10	Dental	FAMILIA DENTAL	2
	Medical	EL PASO KIDS KLINIC	30
		EMILIA TALAMAS MD PA	1
		PEDIATRIC PARTNERS EL PASO	12
	Orthodontic	-	0
	Case Management	-	0
<b>Total</b>			<b>45</b>
Region 11	Dental	AAH SMILE	25
		FAMILIA DENTAL	3
		LAREDO DENTAL CLINIC	1
		LORENA MOLINA RIOJAS	20
		ROSA GUZMAN	3
		SMILES FAMILY DENTISTRY	5
		WILLIAM J TINNELL	16
	Medical	AMISTAD CHC	2
		BROWNSVILLE PEDIATRICS	8
		LAREDO PEDIATRICS & NEONATOLOGY	91
		ROSA GUZMAN MDPA	20
		SERGIO PRECIADO/MISSION CHILDRENS CLINIC	33
		WILLIAM J TINNELL	2
	Orthodontic	-	0
	Case Management	-	0
<b>Total</b>			<b>229</b>

<b>Report Purpose</b>	
Displays a summary of providers participating in the Texas Health Steps Provider Outreach Referral Services and the number of referrals Submitted	
<b>Report Label</b>	<b>Description</b>
Health Service Region (HSR)	DSHS Health Service Regions 1-11 including state totals
Provider Type	The Provider type as self-identified by the Texas Health Steps Provider
Provider Details	The Provider Clinic or office name. Note: Dash indicates no referrals submitted by the provider type for the report period displayed
Clients Referred	The Number of Clients referred by the Texas Health Steps Provider

Report ID	EB 206
Report Name	Extra Effort Referrals (H1093)
Report Period	2017 Q4
 	

Health Service Region: ALL					
Extra Effort Referral Type	Extra Effort Referrals		Clients Contacted		
	Processed Referrals	Referrals Not Attempted Per Policy	Contacted By Phone	Contacted By Home Visit	Letters Mailed
Jun-17	8	0	5	0	3
Jul-17	6	0	6	0	0
Aug-17	9	0	6	0	3
<b>Total</b>	<b>23</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>6</b>

Report Purpose	
Displays a summary of Extra Effort Referral activities for the report period displayed.	
Report Label	Description
Extra Effort Referral Type	The Extra Effort Referral type as selected by HHSC
Processed Referrals	<p>The number of Extra Effort Referrals processed during calendar month.</p> <p>[Processed Referrals = Contacted By Phone + Contacted By Home Visit + Letters Mailed + Referrals Not Attempted Per Policy]</p>
Referrals Not Attempted Per Policy	<p>The number of Extra Effort Referrals not assigned for outreach per policy. Reasons may include:</p> <p>Client is not Medicaid eligible at the time the referral was received</p> <p>Note: The Extra Effort Referrals submitted for a Healthcare Orientation (HCO) for a newly-certified client are not entered for outreach and will not display in the "Referrals Not Attempted Per Policy" data</p>
Contacted By Phone	<p>The number of clients contacted by phone including inbound and outbound calls.</p> <p>[Contacted By Phone = Processed Referrals - Referrals Not Attempted Per Policy - Contacted By Home Visit - Letters Mailed]</p>
Contacted By Home Visit	<p>The number of clients contacted by a home visit attempt</p> <p>[Contacted By Home Visit = Processed Referrals - Referrals Not Attempted Per Policy - Contacted By Phone - Letters Mailed]</p>
Letters Mailed	<p>The number of clients mailed outreach information</p> <p>[Letters Mailed = Processed Referrals - Referrals Not Attempted Per Policy - Contacted By Home Visit - Contacted By Phone]</p>

Report ID	EB 211
Report Name	Case Management Informing - Outreach Target List
Report Period	2017 Q4



Health Service Region : All	Clients Contacted				Outreach Outcomes			
Target List Population	Clients Assigned for Outreach	Contacted By Phone	Contacted By Home Visits	Letters Mailed	Case Management Education	Referred to Provider	Scheduling Assistance Provided	Assistance Locating Provider
Jun-17	2,794	1,227	468	1,099	1,266	260	24	236
Jul-17	2,696	1,043	583	1,070	1,120	197	16	181
Aug-17	3,023	1,266	759	998	1,329	229	14	215
<b>Total</b>	<b>8,513</b>	<b>3,536</b>	<b>1,810</b>	<b>3,167</b>	<b>3,715</b>	<b>686</b>	<b>54</b>	<b>632</b>



Report Purpose	
Displays a detail of Case Management informing Referrals for target list population groups.	
Report Label	Description
Target List Population	<p>Target population groups identified:</p> <ol style="list-style-type: none"> <li>1. Pregnant Teen (Texas Health Steps teen - birth through age 20)</li> <li>2. Parenting Teen (Texas Health Steps teen - birth through age 20)</li> <li>3. Children Leaving Conservatorship</li> <li>4. Newly Certified SSI children</li> <li>5. Newly Certified Foster Care Children</li> </ol> <p>For a breakout of Target Population Groups, reference the EB 211 monthly deliverables.</p>
Clients Assigned for Outreach	The number of target population list clients assigned to outreach for enhanced Case Management informing
Contacted by Phone	<p>The number of clients contacted by phone during outreach</p> <p>[Contacted by Phone = Clients Assigned for Outreach – Contacted by Home Visit – Letters Mailed]</p>
Contacted by Home Visit	<p>The number of clients contacted by a home visit as a result of the outreach attempt</p> <p>[Contacted by Home Visit = Clients Assigned for Outreach - Contacted by Phone – Letters Mailed]</p>
Letters Mailed	<p>The number of letters mailed to clients</p> <p>[Letters Mailed = Clients Assigned for Outreach - Contacted by Phone – Contacted by Home Visit]</p>
Referred to Provider	<p>The number of inbound and outbound calls resulting in a Case Management provider referral</p> <p>[Referred to Provider = Clients Assigned for Outreach – Education Provided and No Case Management Needs - Declined Case Management]</p> <p>[Referred to Provider = Scheduling Assistance Provided + Assisted with Locating Provider]</p>
Scheduled Appointment	<p>The number of clients who requested scheduling assistance with a Case Management provider</p> <p>[Scheduling Assistance Provided = Referred to Provider - Assisted with Locating a Provider]</p>
Assisted with Locating Provider	<p>The number of clients receiving Case Management informing who requested assistance locating a provider over the phone</p> <p>[Assisted with Locating Provider = Referred to Provider - Scheduling Assistance Provided]</p>

Report ID	EB 216
Report Name	Texas Health Steps – Community Presentations
Report Period	2017 Q4





Region	June		July		August		Total	
	Number of Presentations	Number of Attendees	Number of Presentations	Number of Attendees	Number of Presentations	Number of Attendees	Number of Presentations	Number of Attendees
Region 01	12	380	8	413	5	148	25	941
Region 02	14	132	13	208	15	166	42	506
Region 03	55	938	37	366	68	1,857	160	3,161
Region 04	4	46	2	61	2	35	8	142
Region 05	4	51	3	8	3	21	10	80
Region 06	50	828	44	70,641	50	782	144	72,251
Region 07	6	41	8	216	6	132	20	389
Region 08	12	161	7	74	3	41	22	276
Region 09	9	197	11	216	10	263	30	676
Region 10	17	305	10	155	13	196	40	656
Region 11	6	78	9	341	9	223	24	642
Total	189	3,157	152	72,699	184	3,864	525	79,720

<b>Report Purpose</b>	
Displays the presentations given in the community by field outreach staff to community agency staff and recipients.	
<b>Report Label</b>	<b>Description</b>
Region	The Region where the presentations took place.
Number of Presentations	The number of presentations held in a region during the reporting period.
Number of Attendees	The number of attendees / participants attending the presentations. Attendees include agency staff and clients.



Report ID	EB 217
Report Name	Texas Health Steps – Community Contacts
Report Period	2017 Q4
 	

Region Target Groups	June		July		August		Total	
	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees
<b>Region 01</b>								
Community Agencies	215	500	141	940	281	3,833	637	5,273
State Agencies	18	86	17	65	21	52	56	203
ISDs / Schools	51	1	14	1	83	256	148	258
Head Starts	0	0	6	252	2	4	8	256
Adolescent / Teens	1	3	4	5	18	3	23	11
Migrant	0	0	13	2	6	11	19	13
<b>Region 01 Total</b>	<b>285</b>	<b>590</b>	<b>195</b>	<b>1,265</b>	<b>411</b>	<b>4,159</b>	<b>891</b>	<b>6,014</b>
<b>Region 02</b>								
Community Agencies	152	702	142	1,125	197	5,912	491	7,739
State Agencies	25	40	16	30	39	74	80	144
ISDs / Schools	0	0	0	0	2	2	2	2
Head Starts	12	25	3	3	2	2	17	30
Adolescent / Teens	1	1	0	0	6	3	7	4
Migrant	0	0	1	1	1	1	2	2
<b>Region 02 Total</b>	<b>190</b>	<b>768</b>	<b>162</b>	<b>1,159</b>	<b>247</b>	<b>5,994</b>	<b>599</b>	<b>7,921</b>
<b>Region 03</b>								
Community Agencies	596	4,331	405	3,257	667	46,598	1,668	54,186
State Agencies	74	251	68	221	60	230	202	702
ISDs / Schools	36	24	34	1,701	220	10,701	290	12,426
Head Starts	3	3	0	0	3	3	6	6
Adolescent / Teens	16	50	12	17	3	4	31	71
Migrant	1	1	8	14	0	0	9	15
<b>Region 03 Total</b>	<b>726</b>	<b>4,660</b>	<b>527</b>	<b>5,210</b>	<b>953</b>	<b>57,536</b>	<b>2,206</b>	<b>67,406</b>
<b>Region 04</b>								
Community Agencies	176	1,592	113	198	220	2,536	509	4,326
State Agencies	50	106	54	119	45	94	149	319
ISDs / Schools	28	17	2	1	45	815	75	833
Head Starts	0	0	12	1	0	0	12	1
Adolescent / Teens	1	1	2	2	3	3	6	6
Migrant	0	0	0	0	0	0	0	0
<b>Region 04 Total</b>	<b>255</b>	<b>1,716</b>	<b>183</b>	<b>321</b>	<b>313</b>	<b>3,448</b>	<b>751</b>	<b>5,485</b>



Report ID	EB 217
Report Name	Texas Health Steps – Community Contacts
Report Period	2017 Q4
 	

Region Target Groups	June		July		August		Total	
	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees
<b>Region 05</b>								
Community Agencies	58	186	75	249	51	307	184	742
State Agencies	43	87	34	52	28	48	105	187
ISDs / Schools	8	4	2	4	8	14	18	22
Head Starts	2	2	1	1	6	4	9	7
Adolescent / Teens	6	6	5	6	1	1	12	13
Migrant	0	0	0	0	0	0	0	0
<b>Region 05 Total</b>	<b>117</b>	<b>285</b>	<b>117</b>	<b>312</b>	<b>94</b>	<b>374</b>	<b>328</b>	<b>971</b>
<b>Region 06</b>								
Community Agencies	441	2,436	529	2,476	363	5,842	1,333	10,754
State Agencies	127	556	94	425	70	211	291	1,192
ISDs / Schools	43	92	37	730	74	1,607	154	2,429
Head Starts	37	125	28	79	43	177	108	381
Adolescent / Teens	64	229	24	72	21	27	109	328
Migrant	4	4	1	1	0	0	5	5
<b>Region 06 Total</b>	<b>716</b>	<b>3,442</b>	<b>713</b>	<b>3,783</b>	<b>571</b>	<b>7,864</b>	<b>2,000</b>	<b>15,089</b>
<b>Region 07</b>								
Community Agencies	268	799	251	624	268	2,485	787	3,908
State Agencies	50	117	51	128	45	127	146	372
ISDs / Schools	7	13	171	82	230	3,908	408	4,003
Head Starts	12	8	18	4	26	197	56	209
Adolescent / Teens	25	47	16	25	19	58	60	130
Migrant	0	0	0	0	2	2	2	2
<b>Region 07 Total</b>	<b>362</b>	<b>984</b>	<b>507</b>	<b>863</b>	<b>590</b>	<b>6,777</b>	<b>1,459</b>	<b>8,624</b>





Report ID	EB 217
Report Name	Texas Health Steps – Community Contacts
Report Period	2017 Q4
 	

Region Target Groups	June		July		August		Total	
	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees
<b>Region 08</b>								
Community Agencies	237	614	307	1,476	534	5,911	1,078	8,001
State Agencies	46	120	49	79	61	124	156	323
ISDs / Schools	0	0	10	115	39	368	49	483
Head Starts	2	2	8	72	10	5	20	79
Adolescent / Teens	0	0	1	1	0	0	1	1
Migrant	0	0	1	1	1	2	2	3
<b>Region 08 Total</b>	<b>285</b>	<b>736</b>	<b>376</b>	<b>1,744</b>	<b>645</b>	<b>6,410</b>	<b>1,306</b>	<b>8,890</b>
<b>Region 09</b>								
Community Agencies	143	1,042	97	563	220	2,016	460	3,621
State Agencies	26	69	23	61	29	93	78	223
ISDs / Schools	0	0	0	0	4	144	4	144
Head Starts	11	21	0	0	3	68	14	89
Adolescent / Teens	0	0	6	213	6	12	12	225
Migrant	0	0	0	0	5	18	5	18
<b>Region 09 Total</b>	<b>180</b>	<b>1,132</b>	<b>126</b>	<b>837</b>	<b>267</b>	<b>2,351</b>	<b>573</b>	<b>4,320</b>
<b>Region 10</b>								
Community Agencies	85	427	80	454	125	1,427	290	2,308
State Agencies	78	284	63	191	68	285	209	760
ISDs / Schools	26	189	17	21	4	3	47	213
Head Starts	0	0	18	25	1	3	19	28
Adolescent / Teens	0	0	5	5	0	0	5	5
Migrant	16	250	3	3	57	511	76	764
<b>Region 10 Total</b>	<b>205</b>	<b>1,150</b>	<b>186</b>	<b>699</b>	<b>255</b>	<b>2,229</b>	<b>646</b>	<b>4,078</b>

Report ID	EB 217
Report Name	Texas Health Steps – Community Contacts
Report Period	2017 Q4
 	



Region Target Groups	June		July		August		Total	
	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees	Number of Contacts	Number of Attendees
<b>Region 11</b>								
Community Agencies	215	947	290	1,778	317	3,677	822	6,402
State Agencies	66	164	66	90	95	607	227	861
ISDs / Schools	58	156	356	117	222	4,292	636	4,565
Head Starts	20	162	2	6	5	4	27	172
Adolescent / Teens	0	0	0	0	19	103	19	103
Migrant	9	1	9	43	18	67	36	111
<b>Region 11 Total</b>	<b>368</b>	<b>1,430</b>	<b>723</b>	<b>2,034</b>	<b>676</b>	<b>8,750</b>	<b>1,767</b>	<b>12,214</b>
<b>Total</b>	<b>3,689</b>	<b>16,893</b>	<b>3,815</b>	<b>18,227</b>	<b>5,022</b>	<b>105,892</b>	<b>12,526</b>	<b>141,012</b>

<b>Report Purpose</b>	
Displays a summary of the community contacts made by field outreach staff to inform community agency staff and clients about the services available through Texas Health Steps.	
<b>Report Label</b>	<b>Description</b>
Community Event or Contact	The name of the community event, meeting or health fair attended by field outreach staff or the name of the agency contacted by field outreach staff through a one-to-one contact.
Agency Name	
Contact Date	Date the community contact occurred.
Counties Served or Represented	Displays the county the event occurred; or the county location of the agency and any surrounding counties served by the agency
Agencies Attending	Displays the names of the other community or state agencies in attendance at the event or meeting with whom field outreach staff networked to provide Texas Health Steps information or offer future presentations.
Number of Contacts	The number of agencies the field outreach staff networked during the community outreach activity listed in this target group in the corresponding EB 217 Monthly Report.
Number of Attendees	The number of agency staff and clients present at the event or meeting.
Target Group(s) Present	<p>The target populations present at a community event or meeting; or the target population served by agency</p> <ul style="list-style-type: none"> <li>• State Agency - state agencies networked with at an event, meeting or one-to-one contact. Foster Care Contacts are included in this section.</li> <li>• Community-Based Organization (CBO) - agencies that are networked with at an event, meeting or one-to-one contact</li> <li>• Faith-Based Organizations (FBO) - agencies that are networked with at an event, meeting or one-to-one contact</li> <li>• Women, Infants, and Children (WIC) - WIC offices or agencies networked at an event, meeting, or one-to-one contact</li> <li>• ISD / School - ISDs or schools networked with at an event, meeting, or one-to-one contact</li> <li>• Head Start - Head Start grantees or centers</li> <li>• Adolescent / Teen - agency or event that specifically targets adolescents or teens, such as a teen center or youth program</li> <li>• Migrant - activities targeting migrant / seasonal farm workers, such as a Migrant Health Fair</li> <li>• Other - all other group populations</li> </ul>

Report ID	EB 218
Report Name	Texas Health Steps – Client Outreach
Report Period	2017 Q4
 	

Health Service Region	Phone Calls	Home Visits	Medical Appointments Scheduled / Rescheduled	Dental Appointments Scheduled / Rescheduled
Jun-17	68,999	7,864	789	1,176
Jul-17	64,468	9,142	961	1,207
Aug-17	76,108	5,652	999	1,386
Total	209,575	22,658	2,749	3,769

Report Purpose	
To provide a summary of Texas Health Steps client outreach activities by call center and field outreach staff for the quarter. For regional breakdowns, reference the EB 218 monthly deliverables.	
Report Label	Description
Health Service Region	DSHS Health Service Regions 1-11 including state totals
Phone Calls	The number of outbound phone call attempts by call center and field outreach staff to Texas Health Steps clients from a target outreach list
Home Visits	The number of home visit attempts by field outreach staff to Texas Health Steps clients identified on a target population outreach list
Medical Appointments Scheduled / Rescheduled	The total number of medical appointments scheduled or rescheduled by call center and field outreach staff
Dental Appointments Scheduled / Rescheduled	The total number of dental appointments scheduled or rescheduled by call center and field outreach staff

Report ID	EB 219
Report Name	Texas Health Steps – Community Outreach
Report Period	2017 Q4
 	

Health Service Region	HHSC	WIC	Head Start	ISDs / Schools	Migrant Council	DFPS	ECI	Other
Jun-17	279	170	109	305	31	128	27	2,982
Jul-17	234	154	83	675	38	90	26	2,898
Aug-17	242	213	165	742	69	92	35	3,917
Total	755	537	357	1,722	138	310	88	9,797

<b>Report Purpose</b>	
Displays the number of Texas Health Steps, Phone Calls, and Community Contacts & Events for the quarter. For regional breakdowns, reference the EB 219 monthly deliverables.	
<b>Report Label</b>	<b>Description</b>
Health Service Region	DSHS Health Service Regions 1-11 including state totals
HHSC	The number of HHSC Office of Eligibility contacts made for report period in which HHSC is identified as a target group present at the event or contacted.
WIC	The number of WIC contacts made for report period in which WIC is identified as a target group present at the event or contacted
Head Start	The number of Head Start contacts made for report period in which Head Start is identified as a target group present at the event or contacted
ISDs / Schools	The number of ISDs or School contacts made for report period in which an Independent School District or individual school is identified as a target group present at the event or contacted
Migrant Council	The number of Migrant Council contacts made for report period in which Migrant Council is identified as a target group present at the event or contacted
DFPS	The number of DFPS or Foster Care contacts made for report period in which DFPS or Foster Care is identified as a target group present at the event or contacted
ECI	The number of ECI contacts made for report period in which ECI is identified as a target group present at the event or contacted
Other	The number of other agencies including HHSC Area Agency on Aging, HHSC Local IDD Authority; HHSC Blind Children's Vocational Discovery and Development. Additional State agencies and community contacts not specifically listed are included under CBO in the Texas Health Steps - Community Contact Report

Report ID	EB 222
Report Name	Texas Health Steps – Staff
Report Period	2017 Q4



	Jun-17	Jul-17	Aug-17	Total
Training Sessions Delivered	19	34	12	65
Staff Trained	709	933	645	2,287
Avg. Texas Health Steps Staff on Phones	286	286	291	N/A

Report Label	Description
Training Sessions Delivered	The number of instructor-led or computer-based training sessions provided to Call Service Staff and Field Outreach staff on Texas Health Steps-related information. Call Center and Field Outreach staff are cross-trained on Medicaid Managed Care and Texas Health Steps (THS) information.
Staff Trained	The number of Call Center Staff and Field Outreach staff who received THS-related training during the report period.
Avg. Texas Health Steps Staff on Phones	The daily average number of full-time and part-time Call Center Staff logged into phone queues who are fully trained to assist customers with THS phone calls (Inbound and Outbound).

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>Statewide</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	25,740	4,514	17.5%	13,158	51.1%	8,403	32.6%	9,617	37.4%	5,655	22.0%	19,418	75.4%
Periodic Due (Medical)	303,996	16,036	5.3%	71,999	23.7%	47,797	15.7%	23,749	7.8%	27,314	9.0%	152,081	50.0%
Periodic Due (Dental)	480,134	17,539	3.7%	107,357	22.4%	59,437	12.4%	31,645	6.6%	21,678	4.5%	215,978	45.0%
Checkup Reminder (Medical)	90,957	3,787	4.2%	4,087	4.5%	3,728	4.1%	3,121	3.4%	2,382	2.6%	13,204	14.5%
Checkup Reminder (Dental)	191,079	12,855	6.7%	14,560	7.6%	11,660	6.1%	9,322	4.9%	7,029	3.7%	41,871	21.9%
Non-Participant	7,177	393	5.5%	919	12.8%	807	11.2%	670	9.3%	529	7.4%	2,544	35.4%
Total	1,099,083	55,124	5.0%	212,080	19.3%	131,832	12.0%	78,124	7.1%	64,587	5.9%	445,096	40.5%
Oral Outreach:													
Phone	179,128	17,772	9.9%	33,427	18.7%	26,287	14.7%	23,142	12.9%	18,816	10.5%	75,589	42.2%
Home Visit	2,183	122	5.6%	247	11.3%	235	10.8%	229	10.5%	172	7.9%	692	31.7%
Office Visit	374	48	12.8%	54	14.4%	47	12.6%	50	13.4%	40	10.7%	148	39.6%
Group Presentation	1,078	160	14.8%	180	16.7%	201	18.6%	170	15.8%	150	13.9%	536	49.7%
Health Fair	882	125	14.2%	156	17.7%	134	15.2%	129	14.6%	99	11.2%	405	45.9%
Total	183,645	18,227	9.9%	34,064	18.5%	26,904	14.7%	23,720	12.9%	19,277	10.5%	77,370	42.1%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>01</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	743	92	12.4%	394	53.0%	217	29.2%	295	39.7%	141	19.0%	553	74.4%
Periodic Due (Medical)	9,190	511	5.6%	1,673	18.2%	1,227	13.4%	584	6.4%	710	7.7%	3,719	40.5%
Periodic Due (Dental)	14,738	460	3.1%	2,583	17.5%	1,377	9.3%	742	5.0%	514	3.5%	5,152	35.0%
Checkup Reminder (Medical)	3,205	90	2.8%	121	3.8%	136	4.2%	83	2.6%	82	2.6%	417	13.0%
Checkup Reminder (Dental)	7,128	355	5.0%	363	5.1%	310	4.3%	256	3.6%	213	3.0%	1,135	15.9%
Non-Participant	372	14	3.8%	41	11.0%	36	9.7%	23	6.2%	18	4.8%	102	27.4%
Total	35,376	1,522	4.3%	5,175	14.6%	3,303	9.3%	1,983	5.6%	1,678	4.7%	11,078	31.3%
Oral Outreach:													
Phone	5,450	522	9.6%	916	16.8%	794	14.6%	612	11.2%	486	8.9%	2,126	39.0%
Home Visit	72	9	12.5%	12	16.7%	12	16.7%	5	6.9%	6	8.3%	27	37.5%
Office Visit	5	2	40.0%	1	20.0%	1	20.0%	1	20.0%	1	20.0%	2	40.0%
Group Presentation	136	12	8.8%	10	7.4%	13	9.6%	15	11.0%	5	3.7%	35	25.7%
Health Fair	100	15	15.0%	12	12.0%	12	12.0%	5	5.0%	5	5.0%	32	32.0%
Total	5,763	560	9.7%	951	16.5%	832	14.4%	638	11.1%	503	8.7%	2,222	38.6%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.



Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>02</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	425	78	18.4%	250	58.8%	115	27.1%	209	49.2%	72	16.9%	350	82.4%
Periodic Due (Medical)	5,419	306	5.6%	918	16.9%	688	12.7%	387	7.1%	465	8.6%	2,123	39.2%
Periodic Due (Dental)	8,440	239	2.8%	1,652	19.6%	913	10.8%	466	5.5%	350	4.1%	3,318	39.3%
Checkup Reminder (Medical)	1,937	55	2.8%	58	3.0%	67	3.5%	65	3.4%	59	3.0%	247	12.8%
Checkup Reminder (Dental)	3,837	201	5.2%	258	6.7%	203	5.3%	188	4.9%	129	3.4%	763	19.9%
Non-Participant	178	8	4.5%	14	7.9%	25	14.0%	16	9.0%	12	6.7%	59	33.1%
Total	20,236	887	4.4%	3,150	15.6%	2,011	9.9%	1,331	6.6%	1,087	5.4%	6,860	33.9%
Oral Outreach:													
Phone	3,387	280	8.3%	558	16.5%	464	13.7%	418	12.3%	307	9.1%	1,317	38.9%
Home Visit	66	5	7.6%	8	12.1%	6	9.1%	5	7.6%	11	16.7%	20	30.3%
Office Visit	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Presentation	57	7	12.3%	10	17.5%	12	21.1%	14	24.6%	8	14.0%	30	52.6%
Health Fair	15	2	13.3%	1	6.7%	1	6.7%	1	6.7%	0	0.0%	2	13.3%
Total	3,527	294	8.3%	577	16.4%	483	13.7%	438	12.4%	326	9.2%	1,369	38.8%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>03</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	6,301	1,101	17.5%	2,953	46.9%	2,023	32.1%	2,188	34.7%	1,377	21.9%	4,564	72.4%
Periodic Due (Medical)	71,913	3,900	5.4%	15,549	21.6%	10,769	15.0%	5,607	7.8%	6,560	9.1%	34,163	47.5%
Periodic Due (Dental)	112,614	4,672	4.1%	27,787	24.7%	14,997	13.3%	7,586	6.7%	5,334	4.7%	54,635	48.5%
Checkup Reminder (Medical)	23,373	869	3.7%	876	3.7%	854	3.7%	758	3.2%	591	2.5%	3,064	13.1%
Checkup Reminder (Dental)	40,697	3,218	7.9%	3,313	8.1%	2,759	6.8%	2,112	5.2%	1,644	4.0%	9,663	23.7%
Non-Participant	1,501	93	6.2%	176	11.7%	169	11.3%	143	9.5%	126	8.4%	538	35.8%
Total	256,399	13,853	5.4%	50,654	19.8%	31,571	12.3%	18,394	7.2%	15,632	6.1%	106,627	41.6%
Oral Outreach:													
Phone	42,762	4,333	10.1%	7,694	18.0%	6,316	14.8%	5,583	13.1%	4,616	10.8%	18,039	42.2%
Home Visit	563	26	4.6%	57	10.1%	60	10.7%	53	9.4%	35	6.2%	154	27.4%
Office Visit	80	10	12.5%	13	16.3%	9	11.3%	10	12.5%	18	22.5%	36	45.0%
Group Presentation	100	19	19.0%	20	20.0%	19	19.0%	25	25.0%	16	16.0%	59	59.0%
Health Fair	26	6	23.1%	4	15.4%	4	15.4%	6	23.1%	4	15.4%	11	42.3%
Total	43,531	4,394	10.1%	7,788	17.9%	6,408	14.7%	5,677	13.0%	4,689	10.8%	18,299	42.0%

#### Report Purpose

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>04</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	946	201	21.2%	508	53.7%	264	27.9%	374	39.5%	197	20.8%	694	73.4%
Periodic Due (Medical)	12,600	621	4.9%	2,527	20.1%	1,945	15.4%	943	7.5%	1,181	9.4%	5,822	46.2%
Periodic Due (Dental)	19,613	516	2.6%	3,468	17.7%	2,292	11.7%	1,212	6.2%	798	4.1%	7,679	39.2%
Checkup Reminder (Medical)	4,356	138	3.2%	168	3.9%	180	4.1%	138	3.2%	108	2.5%	592	13.6%
Checkup Reminder (Dental)	9,322	443	4.8%	629	6.7%	436	4.7%	396	4.2%	308	3.3%	1,741	18.7%
Non-Participant	352	13	3.7%	41	11.6%	44	12.5%	22	6.3%	21	6.0%	113	32.1%
Total	47,189	1,932	4.1%	7,341	15.6%	5,161	10.9%	3,085	6.5%	2,613	5.5%	16,641	35.3%
Oral Outreach:													
Phone	6,781	590	8.7%	1,180	17.4%	916	13.5%	786	11.6%	655	9.7%	2,718	40.1%
Home Visit	128	5	3.9%	14	10.9%	19	14.8%	16	12.5%	10	7.8%	44	34.4%
Office Visit	30	4	13.3%	6	20.0%	4	13.3%	4	13.3%	4	13.3%	17	56.7%
Group Presentation	35	3	8.6%	7	20.0%	4	11.4%	3	8.6%	3	8.6%	12	34.3%
Health Fair	90	14	15.6%	17	18.9%	24	26.7%	10	11.1%	16	17.8%	46	51.1%
Total	7,064	616	8.7%	1,224	17.3%	967	13.7%	819	11.6%	688	9.7%	2,837	40.2%

#### Report Purpose

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
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Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>05</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	759	107	14.1%	375	49.4%	243	32.0%	265	34.9%	153	20.2%	549	72.3%
Periodic Due (Medical)	8,977	430	4.8%	1,763	19.6%	1,248	13.9%	583	6.5%	719	8.0%	3,802	42.4%
Periodic Due (Dental)	13,983	428	3.1%	2,470	17.7%	1,577	11.3%	896	6.4%	590	4.2%	5,428	38.8%
Checkup Reminder (Medical)	2,990	104	3.5%	109	3.6%	116	3.9%	95	3.2%	67	2.2%	385	12.9%
Checkup Reminder (Dental)	6,469	333	5.1%	436	6.7%	424	6.6%	305	4.7%	226	3.5%	1,377	21.3%
Non-Participant	230	8	3.5%	34	14.8%	16	7.0%	16	7.0%	19	8.3%	79	34.3%
Total	33,408	1,410	4.2%	5,187	15.5%	3,624	10.8%	2,160	6.5%	1,774	5.3%	11,620	34.8%
Oral Outreach:													
Phone	5,593	521	9.3%	985	17.6%	772	13.8%	694	12.4%	595	10.6%	2,310	41.3%
Home Visit	54	5	9.3%	5	9.3%	2	3.7%	5	9.3%	6	11.1%	15	27.8%
Office Visit	9	1	11.1%	1	11.1%	1	11.1%	0	0.0%	0	0.0%	1	11.1%
Group Presentation	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Health Fair	5	2	40.0%	3	60.0%	0	0.0%	3	60.0%	0	0.0%	3	60.0%
Total	5,661	529	9.3%	994	17.6%	775	13.7%	702	12.4%	601	10.6%	2,329	41.1%

#### Report Purpose

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>06</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	6,929	1,119	16.1%	3,347	48.3%	2,340	33.8%	2,552	36.8%	1,603	23.1%	5,211	75.2%
Periodic Due (Medical)	75,636	4,189	5.5%	18,032	23.8%	12,090	16.0%	6,332	8.4%	7,304	9.7%	38,801	51.3%
Periodic Due (Dental)	120,444	4,865	4.0%	25,490	21.2%	14,853	12.3%	8,530	7.1%	5,855	4.9%	53,696	44.6%
Checkup Reminder (Medical)	21,952	1,034	4.7%	1,042	4.7%	938	4.3%	807	3.7%	597	2.7%	3,355	15.3%
Checkup Reminder (Dental)	47,994	3,680	7.7%	3,730	7.8%	3,068	6.4%	2,536	5.3%	1,849	3.9%	11,017	23.0%
Non-Participant	1,723	111	6.4%	224	13.0%	199	11.5%	181	10.5%	126	7.3%	614	35.6%
Total	274,678	14,998	5.5%	51,865	18.9%	33,488	12.2%	20,938	7.6%	17,334	6.3%	112,694	41.0%
Oral Outreach:													
Phone	46,627	4,832	10.4%	9,143	19.6%	7,119	15.3%	6,520	14.0%	5,254	11.3%	20,503	44.0%
Home Visit	376	23	6.1%	41	10.9%	35	9.3%	38	10.1%	36	9.6%	120	31.9%
Office Visit	36	6	16.7%	4	11.1%	1	2.8%	7	19.4%	4	11.1%	14	38.9%
Group Presentation	212	43	20.3%	44	20.8%	44	20.8%	33	15.6%	49	23.1%	128	60.4%
Health Fair	31	1	3.2%	8	25.8%	7	22.6%	2	6.5%	4	12.9%	18	58.1%
Total	47,282	4,905	10.4%	9,240	19.5%	7,206	15.2%	6,600	14.0%	5,347	11.3%	20,783	44.0%

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
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Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>07</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	2,533	374	14.8%	1,253	49.5%	668	26.4%	920	36.3%	515	20.3%	1,826	72.1%
Periodic Due (Medical)	27,359	1,359	5.0%	5,954	21.8%	3,963	14.5%	1,907	7.0%	2,377	8.7%	12,695	46.4%
Periodic Due (Dental)	42,823	1,371	3.2%	8,548	20.0%	5,062	11.8%	2,618	6.1%	1,784	4.2%	17,688	41.3%
Checkup Reminder (Medical)	8,461	331	3.9%	355	4.2%	329	3.9%	278	3.3%	220	2.6%	1,176	13.9%
Checkup Reminder (Dental)	18,011	1,005	5.6%	1,322	7.3%	1,027	5.7%	805	4.5%	658	3.7%	3,741	20.8%
Non-Participant	776	35	4.5%	98	12.6%	85	11.0%	76	9.8%	53	6.8%	283	36.5%
Total	99,963	4,475	4.5%	17,530	17.5%	11,134	11.1%	6,604	6.6%	5,607	5.6%	37,409	37.4%
Oral Outreach:													
Phone	16,610	1,507	9.1%	2,949	17.8%	2,440	14.7%	2,125	12.8%	1,653	10.0%	6,871	41.4%
Home Visit	303	12	4.0%	30	9.9%	26	8.6%	41	13.5%	26	8.6%	101	33.3%
Office Visit	51	9	17.6%	10	19.6%	14	27.5%	9	17.6%	4	7.8%	29	56.9%
Group Presentation	183	29	15.8%	35	19.1%	42	23.0%	36	19.7%	30	16.4%	106	57.9%
Health Fair	133	27	20.3%	35	26.3%	21	15.8%	29	21.8%	13	9.8%	70	52.6%
Total	17,280	1,584	9.2%	3,059	17.7%	2,543	14.7%	2,240	13.0%	1,726	10.0%	7,177	41.5%

#### Report Purpose

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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>08</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	2,727	551	20.2%	1,423	52.2%	889	32.6%	908	33.3%	588	21.6%	2,059	75.5%
Periodic Due (Medical)	31,805	1,546	4.9%	7,097	22.3%	4,411	13.9%	2,084	6.6%	2,430	7.6%	14,397	45.3%
Periodic Due (Dental)	50,531	1,725	3.4%	10,928	21.6%	6,114	12.1%	3,399	6.7%	2,225	4.4%	22,196	43.9%
Checkup Reminder (Medical)	10,249	346	3.4%	400	3.9%	404	3.9%	318	3.1%	207	2.0%	1,321	12.9%
Checkup Reminder (Dental)	20,369	1,243	6.1%	1,487	7.3%	1,175	5.8%	1,042	5.1%	689	3.4%	4,322	21.2%
Non-Participant	882	34	3.9%	115	13.0%	90	10.2%	80	9.1%	67	7.6%	310	35.1%
Total	116,563	5,445	4.7%	21,450	18.4%	13,083	11.2%	7,831	6.7%	6,206	5.3%	44,605	38.3%
Oral Outreach:													
Phone	19,370	1,857	9.6%	3,618	18.7%	2,923	15.1%	2,313	11.9%	1,842	9.5%	8,161	42.1%
Home Visit	299	19	6.4%	35	11.7%	40	13.4%	22	7.4%	12	4.0%	90	30.1%
Office Visit	12	0	0.0%	0	0.0%	0	0.0%	3	25.0%	0	0.0%	3	25.0%
Group Presentation	46	5	10.9%	7	15.2%	13	28.3%	6	13.0%	10	21.7%	27	58.7%
Health Fair	20	0	0.0%	3	15.0%	0	0.0%	5	25.0%	0	0.0%	8	40.0%
Total	19,747	1,881	9.5%	3,663	18.5%	2,976	15.1%	2,349	11.9%	1,864	9.4%	8,289	42.0%

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>09</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	613	113	18.4%	324	52.9%	184	30.0%	224	36.5%	130	21.2%	463	75.5%
Periodic Due (Medical)	6,277	313	5.0%	1,146	18.3%	764	12.2%	406	6.5%	470	7.5%	2,469	39.3%
Periodic Due (Dental)	9,856	301	3.1%	1,833	18.6%	877	8.9%	473	4.8%	352	3.6%	3,487	35.4%
Checkup Reminder (Medical)	2,039	77	3.8%	85	4.2%	52	2.6%	46	2.3%	45	2.2%	223	10.9%
Checkup Reminder (Dental)	4,792	230	4.8%	309	6.4%	238	5.0%	162	3.4%	136	2.8%	831	17.3%
Non-Participant	207	6	2.9%	11	5.3%	17	8.2%	12	5.8%	11	5.3%	46	22.2%
Total	23,784	1,040	4.4%	3,708	15.6%	2,132	9.0%	1,323	5.6%	1,144	4.8%	7,519	31.6%
Oral Outreach:													
Phone	4,118	320	7.8%	752	18.3%	533	12.9%	502	12.2%	374	9.1%	1,652	40.1%
Home Visit	98	2	2.0%	14	14.3%	13	13.3%	18	18.4%	3	3.1%	37	37.8%
Office Visit	12	3	25.0%	4	33.3%	0	0.0%	0	0.0%	1	8.3%	5	41.7%
Group Presentation	95	11	11.6%	15	15.8%	18	18.9%	3	3.2%	12	12.6%	39	41.1%
Health Fair	166	15	9.0%	25	15.1%	23	13.9%	26	15.7%	15	9.0%	72	43.4%
Total	4,489	351	7.8%	810	18.0%	587	13.1%	549	12.2%	405	9.0%	1,805	40.2%

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
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<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>10</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	979	166	17.0%	522	53.3%	408	41.7%	373	38.1%	255	26.0%	774	79.1%
Periodic Due (Medical)	12,074	577	4.8%	3,552	29.4%	2,279	18.9%	994	8.2%	1,105	9.2%	7,118	59.0%
Periodic Due (Dental)	19,778	596	3.0%	4,814	24.3%	2,364	12.0%	1,209	6.1%	716	3.6%	8,919	45.1%
Checkup Reminder (Medical)	2,960	162	5.5%	183	6.2%	169	5.7%	124	4.2%	95	3.2%	560	18.9%
Checkup Reminder (Dental)	7,805	379	4.9%	544	7.0%	411	5.3%	310	4.0%	226	2.9%	1,464	18.8%
Non-Participant	248	21	8.5%	38	15.3%	35	14.1%	26	10.5%	14	5.6%	96	38.7%
Total	43,844	1,901	4.3%	9,653	22.0%	5,666	12.9%	3,036	6.9%	2,411	5.5%	18,931	43.2%
Oral Outreach:													
Phone	6,325	648	10.2%	1,318	20.8%	934	14.8%	836	13.2%	730	11.5%	2,784	44.0%
Home Visit	49	2	4.1%	6	12.2%	6	12.2%	6	12.2%	6	12.2%	19	38.8%
Office Visit	121	8	6.6%	12	9.9%	11	9.1%	13	10.7%	6	5.0%	33	27.3%
Group Presentation	61	3	4.9%	8	13.1%	10	16.4%	7	11.5%	5	8.2%	25	41.0%
Health Fair	259	36	13.9%	41	15.8%	29	11.2%	38	14.7%	36	13.9%	120	46.3%
Total	6,815	697	10.2%	1,385	20.3%	990	14.5%	900	13.2%	783	11.5%	2,981	43.7%

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<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>11</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	2,592	596	23.0%	1,743	67.2%	1,018	39.3%	1,281	49.4%	614	23.7%	2,282	88.0%
Periodic Due (Medical)	41,822	2,234	5.3%	13,630	32.6%	8,323	19.9%	3,896	9.3%	3,966	9.5%	26,698	63.8%
Periodic Due (Dental)	65,807	2,302	3.5%	17,589	26.7%	8,898	13.5%	4,472	6.8%	3,132	4.8%	33,408	50.8%
Checkup Reminder (Medical)	9,199	569	6.2%	689	7.5%	475	5.2%	408	4.4%	311	3.4%	1,854	20.2%
Checkup Reminder (Dental)	24,063	1,742	7.2%	2,141	8.9%	1,585	6.6%	1,198	5.0%	951	4.0%	5,753	23.9%
Non-Participant	670	49	7.3%	122	18.2%	84	12.5%	71	10.6%	62	9.3%	291	43.4%
Total	144,153	7,492	5.2%	35,914	24.9%	20,383	14.1%	11,326	7.9%	9,036	6.3%	70,286	48.8%
Oral Outreach:													
Phone	18,437	2,306	12.5%	4,190	22.7%	2,975	16.1%	2,710	14.7%	2,280	12.4%	8,877	48.1%
Home Visit	145	14	9.7%	22	15.2%	16	11.0%	18	12.4%	21	14.5%	60	41.4%
Office Visit	12	4	33.3%	2	16.7%	5	41.7%	3	25.0%	2	16.7%	7	58.3%
Group Presentation	144	28	19.4%	24	16.7%	26	18.1%	27	18.8%	12	8.3%	74	51.4%
Health Fair	33	7	21.2%	7	21.2%	13	39.4%	4	12.1%	6	18.2%	23	69.7%
Total	18,771	2,359	12.6%	4,245	22.6%	3,035	16.2%	2,762	14.7%	2,321	12.4%	9,041	48.2%

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>January 2017</b>
<b>Health Service Region</b>	<b>99</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	193	16	8.3%	66	34.2%	34	17.6%	28	14.5%	10	5.2%	93	48.2%
Periodic Due (Medical)	924	50	5.4%	158	17.1%	90	9.7%	26	2.8%	27	2.9%	274	29.7%
Periodic Due (Dental)	1,507	64	4.2%	195	12.9%	113	7.5%	42	2.8%	28	1.9%	372	24.7%
Checkup Reminder (Medical)	236	12	5.1%	1	0.4%	8	3.4%	1	0.4%	0	0.0%	10	4.2%
Checkup Reminder (Dental)	592	26	4.4%	28	4.7%	24	4.1%	12	2.0%	0	0.0%	64	10.8%
Non-Participant	38	1	2.6%	5	13.2%	7	18.4%	4	10.5%	0	0.0%	13	34.2%
Total	3,490	169	4.8%	453	13.0%	276	7.9%	113	3.2%	65	1.9%	826	23.7%
Oral Outreach:													
Phone	3,668	56	1.5%	124	3.4%	101	2.8%	43	1.2%	24	0.7%	231	6.3%
Home Visit	30	0	0.0%	3	10.0%	0	0.0%	2	6.7%	0	0.0%	5	16.7%
Office Visit	4	1	25.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	1	25.0%
Group Presentation	9	0	0.0%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	1	11.1%
Health Fair	4	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	3,715	57	1.5%	128	3.4%	102	2.7%	46	1.2%	24	0.6%	238	6.4%

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Report Label	Description
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>Statewide</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	34,150	7,547 22.1%	13,883 40.7%	13,374 39.2%	8,940 26.2%	9,435 27.6%	24,693 72.3%
Periodic Due (Medical)	276,299	19,399 7.0%	60,835 22.0%	51,729 18.7%	20,234 7.3%	29,916 10.8%	141,452 51.2%
Periodic Due (Dental)	530,224	23,215 4.4%	109,120 20.6%	83,364 15.7%	30,165 5.7%	24,104 4.5%	242,438 45.7%
Checkup Reminder (Medical)	89,236	4,850 5.4%	4,036 4.5%	4,159 4.7%	2,874 3.2%	2,467 2.8%	13,410 15.0%
Checkup Reminder (Dental)	203,336	17,717 8.7%	14,156 7.0%	14,989 7.4%	9,152 4.5%	7,435 3.7%	45,119 22.2%
Non-Participant	10,731	801 7.5%	1,259 11.7%	1,349 12.6%	956 8.9%	811 7.6%	3,830 35.7%
<b>Total</b>	<b>1,143,976</b>	<b>73,529 6.4%</b>	<b>203,289 17.8%</b>	<b>168,964 14.8%</b>	<b>72,321 6.3%</b>	<b>74,168 6.5%</b>	<b>470,942 41.2%</b>
<b>Oral Outreach:</b>							
Phone	164,441	19,594 11.9%	28,362 17.2%	27,870 16.9%	18,938 11.5%	19,346 11.8%	70,024 42.6%
Home Visit	2,047	130 6.4%	147 7.2%	206 10.1%	183 8.9%	162 7.9%	551 26.9%
Office Visit	312	20 6.4%	48 15.4%	46 14.7%	32 10.3%	32 10.3%	121 38.8%
Group Presentation	1,233	253 20.5%	223 18.1%	250 20.3%	207 16.8%	208 16.9%	642 52.1%
Health Fair	1,181	218 18.5%	204 17.3%	243 20.6%	198 16.8%	186 15.7%	654 55.4%
<b>Total</b>	<b>169,214</b>	<b>20,215 11.9%</b>	<b>28,984 17.1%</b>	<b>28,615 16.9%</b>	<b>19,558 11.6%</b>	<b>19,934 11.8%</b>	<b>71,992 42.5%</b>

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>01</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	993	165 16.6%	389 39.2%	339 34.1%	255 25.7%	249 25.1%	683 68.8%
Periodic Due (Medical)	8,487	604 7.1%	1,398 16.5%	1,306 15.4%	519 6.1%	819 9.7%	3,471 40.9%
Periodic Due (Dental)	16,116	610 3.8%	2,862 17.8%	1,779 11.0%	739 4.6%	494 3.1%	5,811 36.1%
Checkup Reminder (Medical)	2,907	144 5.0%	117 4.0%	102 3.5%	81 2.8%	66 2.3%	364 12.5%
Checkup Reminder (Dental)	7,305	475 6.5%	387 5.3%	340 4.7%	287 3.9%	183 2.5%	1,183 16.2%
Non-Participant	516	24 4.7%	56 10.9%	51 9.9%	34 6.6%	38 7.4%	159 30.8%
<b>Total</b>	<b>36,324</b>	<b>2,022 5.6%</b>	<b>5,209 14.3%</b>	<b>3,917 10.8%</b>	<b>1,915 5.3%</b>	<b>1,849 5.1%</b>	<b>11,671 32.1%</b>
<b>Oral Outreach:</b>							
Phone	5,110	523 10.2%	826 16.2%	747 14.6%	536 10.5%	532 10.4%	2,043 40.0%
Home Visit	78	10 12.8%	8 10.3%	17 21.8%	8 10.3%	9 11.5%	33 42.3%
Office Visit	5	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 20.0%	1 20.0%
Group Presentation	169	23 13.6%	16 9.5%	28 16.6%	14 8.3%	14 8.3%	60 35.5%
Health Fair	97	16 16.5%	14 14.4%	15 15.5%	8 8.2%	8 8.2%	34 35.1%
<b>Total</b>	<b>5,459</b>	<b>572 10.5%</b>	<b>864 15.8%</b>	<b>807 14.8%</b>	<b>566 10.4%</b>	<b>564 10.3%</b>	<b>2,171 39.8%</b>

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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>02</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	604	109	18.0%	260	43.0%	182	30.1%	180	29.8%	150	24.8%	419	69.4%
Periodic Due (Medical)	5,114	383	7.5%	826	16.2%	885	17.3%	335	6.6%	511	10.0%	2,178	42.6%
Periodic Due (Dental)	9,606	366	3.8%	1,751	18.2%	1,344	14.0%	536	5.6%	347	3.6%	3,909	40.7%
Checkup Reminder (Medical)	1,976	79	4.0%	74	3.7%	91	4.6%	50	2.5%	57	2.9%	267	13.5%
Checkup Reminder (Dental)	4,118	314	7.6%	245	5.9%	239	5.8%	173	4.2%	172	4.2%	810	19.7%
Non-Participant	287	15	5.2%	25	8.7%	37	12.9%	25	8.7%	18	6.3%	90	31.4%
Total	21,705	1,266	5.8%	3,181	14.7%	2,778	12.8%	1,299	6.0%	1,255	5.8%	7,673	35.4%
Oral Outreach:													
Phone	2,737	295	10.8%	426	15.6%	391	14.3%	267	9.8%	271	9.9%	1,017	37.2%
Home Visit	100	5	5.0%	10	10.0%	8	8.0%	11	11.0%	18	18.0%	35	35.0%
Office Visit	2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Presentation	102	23	22.5%	17	16.7%	12	11.8%	8	7.8%	17	16.7%	39	38.2%
Health Fair	7	2	28.6%	2	28.6%	0	0.0%	3	42.9%	0	0.0%	3	42.9%
Total	2,948	325	11.0%	455	15.4%	411	13.9%	289	9.8%	306	10.4%	1,094	37.1%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>03</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	8,695	1,966	22.6%	3,238	37.2%	3,298	37.9%	2,217	25.5%	2,360	27.1%	6,110	70.3%
Periodic Due (Medical)	65,063	4,316	6.6%	13,438	20.7%	11,606	17.8%	4,701	7.2%	7,073	10.9%	32,020	49.2%
Periodic Due (Dental)	124,019	5,926	4.8%	27,757	22.4%	21,105	17.0%	7,149	5.8%	5,769	4.7%	60,599	48.9%
Checkup Reminder (Medical)	21,612	1,045	4.8%	837	3.9%	982	4.5%	654	3.0%	555	2.6%	3,013	13.9%
Checkup Reminder (Dental)	43,164	4,176	9.7%	3,207	7.4%	3,507	8.1%	2,022	4.7%	1,698	3.9%	10,282	23.8%
Non-Participant	2,257	160	7.1%	268	11.9%	326	14.4%	197	8.7%	183	8.1%	865	38.3%
Total	264,810	17,589	6.6%	48,745	18.4%	40,824	15.4%	16,940	6.4%	17,638	6.7%	112,889	42.6%
Oral Outreach:													
Phone	40,317	4,764	11.8%	7,103	17.6%	6,935	17.2%	4,781	11.9%	4,787	11.9%	17,465	43.3%
Home Visit	556	33	5.9%	41	7.4%	48	8.6%	52	9.4%	43	7.7%	142	25.5%
Office Visit	94	9	9.6%	23	24.5%	12	12.8%	14	14.9%	9	9.6%	42	44.7%
Group Presentation	238	56	23.5%	55	23.1%	52	21.8%	45	18.9%	36	15.1%	136	57.1%
Health Fair	18	2	11.1%	4	22.2%	5	27.8%	3	16.7%	5	27.8%	12	66.7%
Total	41,223	4,864	11.8%	7,226	17.5%	7,052	17.1%	4,895	11.9%	4,880	11.8%	17,797	43.2%

#### Report Purpose

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For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
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Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>04</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	1,408	399	28.3%	607	43.1%	557	39.6%	342	24.3%	412	29.3%	1,028	73.0%
Periodic Due (Medical)	11,706	775	6.6%	2,287	19.5%	2,079	17.8%	808	6.9%	1,227	10.5%	5,558	47.5%
Periodic Due (Dental)	22,045	787	3.6%	3,623	16.4%	3,304	15.0%	1,228	5.6%	808	3.7%	8,871	40.2%
Checkup Reminder (Medical)	4,085	192	4.7%	179	4.4%	180	4.4%	133	3.3%	111	2.7%	599	14.7%
Checkup Reminder (Dental)	9,614	646	6.7%	548	5.7%	591	6.1%	397	4.1%	287	3.0%	1,808	18.8%
Non-Participant	600	41	6.8%	66	11.0%	69	11.5%	52	8.7%	47	7.8%	200	33.3%
Total	49,458	2,840	5.7%	7,310	14.8%	6,780	13.7%	2,960	6.0%	2,892	5.8%	18,064	36.5%
Oral Outreach:													
Phone	6,502	785	12.1%	1,021	15.7%	1,052	16.2%	604	9.3%	685	10.5%	2,590	39.8%
Home Visit	159	11	6.9%	11	6.9%	25	15.7%	13	8.2%	11	6.9%	50	31.4%
Office Visit	15	4	26.7%	3	20.0%	4	26.7%	1	6.7%	2	13.3%	7	46.7%
Group Presentation	36	9	25.0%	7	19.4%	9	25.0%	8	22.2%	6	16.7%	20	55.6%
Health Fair	35	10	28.6%	5	14.3%	12	34.3%	11	31.4%	6	17.1%	26	74.3%
Total	6,747	819	12.1%	1,047	15.5%	1,102	16.3%	637	9.4%	710	10.5%	2,693	39.9%

#### Report Purpose

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.



Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
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Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
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Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>05</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	880	152 17.3%	360 40.9%	337 38.3%	214 24.3%	231 26.3%	610 69.3%
Periodic Due (Medical)	8,218	563 6.9%	1,551 18.9%	1,294 15.7%	483 5.9%	780 9.5%	3,536 43.0%
Periodic Due (Dental)	15,830	626 4.0%	2,686 17.0%	2,079 13.1%	844 5.3%	731 4.6%	6,255 39.5%
Checkup Reminder (Medical)	3,045	144 4.7%	113 3.7%	114 3.7%	70 2.3%	53 1.7%	345 11.3%
Checkup Reminder (Dental)	7,062	520 7.4%	518 7.3%	502 7.1%	316 4.5%	252 3.6%	1,569 22.2%
Non-Participant	355	18 5.1%	36 10.1%	43 12.1%	32 9.0%	29 8.2%	123 34.6%
<b>Total</b>	<b>35,390</b>	<b>2,023 5.7%</b>	<b>5,264 14.9%</b>	<b>4,369 12.3%</b>	<b>1,959 5.5%</b>	<b>2,076 5.9%</b>	<b>12,438 35.1%</b>
<b>Oral Outreach:</b>							
Phone	5,115	556 10.9%	802 15.7%	737 14.4%	537 10.5%	487 9.5%	1,995 39.0%
Home Visit	50	2 4.0%	1 2.0%	5 10.0%	3 6.0%	5 10.0%	14 28.0%
Office Visit	9	0 0.0%	0 0.0%	3 33.3%	0 0.0%	1 11.1%	4 44.4%
Group Presentation	10	1 10.0%	1 10.0%	4 40.0%	4 40.0%	1 10.0%	5 50.0%
Health Fair	7	0 0.0%	0 0.0%	0 0.0%	1 14.3%	0 0.0%	1 14.3%
<b>Total</b>	<b>5,191</b>	<b>559 10.8%</b>	<b>804 15.5%</b>	<b>749 14.4%</b>	<b>545 10.5%</b>	<b>494 9.5%</b>	<b>2,019 38.9%</b>

#### Report Purpose

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>06</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	8,924	1,865 20.9%	3,517 39.4%	3,620 40.6%	2,292 25.7%	2,494 27.9%	6,496 72.8%
Periodic Due (Medical)	68,088	4,674 6.9%	15,545 22.8%	12,938 19.0%	5,007 7.4%	7,599 11.2%	35,623 52.3%
Periodic Due (Dental)	132,795	5,871 4.4%	26,059 19.6%	20,944 15.8%	7,955 6.0%	6,516 4.9%	60,390 45.5%
Checkup Reminder (Medical)	22,012	1,166 5.3%	1,038 4.7%	1,070 4.9%	791 3.6%	615 2.8%	3,488 15.8%
Checkup Reminder (Dental)	51,325	4,530 8.8%	3,676 7.2%	4,178 8.1%	2,475 4.8%	2,006 3.9%	12,184 23.7%
Non-Participant	2,427	192 7.9%	270 11.1%	327 13.5%	225 9.3%	185 7.6%	883 36.4%
<b>Total</b>	<b>285,571</b>	<b>18,298 6.4%</b>	<b>50,105 17.5%</b>	<b>43,077 15.1%</b>	<b>18,745 6.6%</b>	<b>19,415 6.8%</b>	<b>119,064 41.7%</b>
<b>Oral Outreach:</b>							
Phone	43,472	5,273 12.1%	7,770 17.9%	7,725 17.8%	5,249 12.1%	5,397 12.4%	19,177 44.1%
Home Visit	269	14 5.2%	16 5.9%	27 10.0%	14 5.2%	21 7.8%	62 23.0%
Office Visit	21	2 9.5%	2 9.5%	1 4.8%	2 9.5%	0 0.0%	5 23.8%
Group Presentation	238	53 22.3%	55 23.1%	67 28.2%	47 19.7%	52 21.8%	152 63.9%
Health Fair	243	49 20.2%	41 16.9%	55 22.6%	48 19.8%	47 19.3%	149 61.3%
<b>Total</b>	<b>44,243</b>	<b>5,391 12.2%</b>	<b>7,884 17.8%</b>	<b>7,875 17.8%</b>	<b>5,360 12.1%</b>	<b>5,517 12.5%</b>	<b>19,545 44.2%</b>

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
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Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>07</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	3,447	717	20.8%	1,384	40.2%	1,160	33.7%	919	26.7%	908	26.3%	2,434	70.6%
Periodic Due (Medical)	24,877	1,764	7.1%	5,039	20.3%	4,211	16.9%	1,667	6.7%	2,607	10.5%	11,768	47.3%
Periodic Due (Dental)	46,423	1,867	4.0%	8,395	18.1%	6,819	14.7%	2,441	5.3%	1,994	4.3%	19,318	41.6%
Checkup Reminder (Medical)	8,043	380	4.7%	335	4.2%	336	4.2%	238	3.0%	233	2.9%	1,133	14.1%
Checkup Reminder (Dental)	19,383	1,388	7.2%	1,214	6.3%	1,357	7.0%	842	4.3%	658	3.4%	4,007	20.7%
Non-Participant	1,171	82	7.0%	140	12.0%	142	12.1%	120	10.2%	83	7.1%	418	35.7%
Total	103,344	6,198	6.0%	16,507	16.0%	14,025	13.6%	6,227	6.0%	6,483	6.3%	39,078	37.8%
Oral Outreach:													
Phone	14,965	1,681	11.2%	2,411	16.1%	2,543	17.0%	1,748	11.7%	1,689	11.3%	6,264	41.9%
Home Visit	292	24	8.2%	23	7.9%	38	13.0%	25	8.6%	24	8.2%	82	28.1%
Office Visit	40	2	5.0%	8	20.0%	10	25.0%	3	7.5%	8	20.0%	22	55.0%
Group Presentation	18	7	38.9%	0	0.0%	1	5.6%	3	16.7%	4	22.2%	7	38.9%
Health Fair	146	21	14.4%	24	16.4%	41	28.1%	19	13.0%	27	18.5%	91	62.3%
Total	15,461	1,735	11.2%	2,466	15.9%	2,633	17.0%	1,798	11.6%	1,752	11.3%	6,466	41.8%

#### Report Purpose

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>08</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	3,343	809	24.2%	1,322	39.5%	1,348	40.3%	824	24.6%	930	27.8%	2,410	72.1%
Periodic Due (Medical)	29,196	2,020	6.9%	5,848	20.0%	5,051	17.3%	2,026	6.9%	2,992	10.2%	13,908	47.6%
Periodic Due (Dental)	56,276	2,370	4.2%	11,154	19.8%	8,645	15.4%	3,230	5.7%	2,544	4.5%	25,096	44.6%
Checkup Reminder (Medical)	10,571	520	4.9%	462	4.4%	446	4.2%	326	3.1%	295	2.8%	1,514	14.3%
Checkup Reminder (Dental)	21,734	1,833	8.4%	1,448	6.7%	1,499	6.9%	921	4.2%	747	3.4%	4,551	20.9%
Non-Participant	1,289	97	7.5%	164	12.7%	141	10.9%	107	8.3%	88	6.8%	435	33.7%
Total	122,409	7,649	6.2%	20,398	16.7%	17,130	14.0%	7,434	6.1%	7,596	6.2%	47,914	39.1%
Oral Outreach:													
Phone	17,269	1,960	11.3%	2,873	16.6%	2,945	17.1%	1,964	11.4%	1,970	11.4%	7,350	42.6%
Home Visit	298	10	3.4%	16	5.4%	21	7.0%	31	10.4%	18	6.0%	72	24.2%
Office Visit	4	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Presentation	44	11	25.0%	11	25.0%	13	29.5%	10	22.7%	9	20.5%	30	68.2%
Health Fair	128	24	18.8%	26	20.3%	24	18.8%	22	17.2%	29	22.7%	77	60.2%
Total	17,743	2,006	11.3%	2,926	16.5%	3,003	16.9%	2,027	11.4%	2,026	11.4%	7,529	42.4%

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>09</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	867	142 16.4%	365 42.1%	284 32.8%	241 27.8%	214 24.7%	613 70.7%
Periodic Due (Medical)	5,712	428 7.5%	980 17.2%	825 14.4%	313 5.5%	559 9.8%	2,281 39.9%
Periodic Due (Dental)	10,466	377 3.6%	1,735 16.6%	1,213 11.6%	497 4.7%	363 3.5%	3,767 36.0%
Checkup Reminder (Medical)	1,940	63 3.2%	77 4.0%	68 3.5%	36 1.9%	44 2.3%	221 11.4%
Checkup Reminder (Dental)	4,703	330 7.0%	251 5.3%	267 5.7%	139 3.0%	130 2.8%	783 16.6%
Non-Participant	311	11 3.5%	24 7.7%	17 5.5%	14 4.5%	19 6.1%	70 22.5%
<b>Total</b>	<b>23,999</b>	<b>1,351 5.6%</b>	<b>3,432 14.3%</b>	<b>2,674 11.1%</b>	<b>1,240 5.2%</b>	<b>1,329 5.5%</b>	<b>7,735 32.2%</b>
<b>Oral Outreach:</b>							
Phone	3,831	397 10.4%	611 15.9%	556 14.5%	405 10.6%	351 9.2%	1,479 38.6%
Home Visit	69	3 4.3%	5 7.2%	2 2.9%	5 7.2%	6 8.7%	15 21.7%
Office Visit	14	1 7.1%	1 7.1%	1 7.1%	1 7.1%	0 0.0%	3 21.4%
Group Presentation	165	24 14.5%	16 9.7%	28 17.0%	27 16.4%	13 7.9%	69 41.8%
Health Fair	71	12 16.9%	13 18.3%	13 18.3%	8 11.3%	3 4.2%	31 43.7%
<b>Total</b>	<b>4,150</b>	<b>437 10.5%</b>	<b>646 15.6%</b>	<b>600 14.5%</b>	<b>446 10.7%</b>	<b>373 9.0%</b>	<b>1,597 38.5%</b>

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
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<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>10</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	1,383	283 20.5%	553 40.0%	598 43.2%	376 27.2%	366 26.5%	998 72.2%
Periodic Due (Medical)	11,080	804 7.3%	3,010 27.2%	2,398 21.6%	858 7.7%	1,259 11.4%	6,580 59.4%
Periodic Due (Dental)	21,143	879 4.2%	4,675 22.1%	3,220 15.2%	1,124 5.3%	845 4.0%	9,669 45.7%
Checkup Reminder (Medical)	2,984	241 8.1%	180 6.0%	175 5.9%	111 3.7%	80 2.7%	538 18.0%
Checkup Reminder (Dental)	8,128	634 7.8%	559 6.9%	444 5.5%	292 3.6%	190 2.3%	1,459 18.0%
Non-Participant	359	50 13.9%	40 11.1%	41 11.4%	33 9.2%	30 8.4%	127 35.4%
<b>Total</b>	<b>45,077</b>	<b>2,891 6.4%</b>	<b>9,017 20.0%</b>	<b>6,876 15.3%</b>	<b>2,794 6.2%</b>	<b>2,770 6.1%</b>	<b>19,371 43.0%</b>
<b>Oral Outreach:</b>							
Phone	5,560	727 13.1%	992 17.8%	1,012 18.2%	686 12.3%	718 12.9%	2,489 44.8%
Home Visit	31	2 6.5%	4 12.9%	5 16.1%	8 25.8%	0 0.0%	15 48.4%
Office Visit	87	1 1.1%	11 12.6%	9 10.3%	8 9.2%	9 10.3%	30 34.5%
Group Presentation	83	26 31.3%	20 24.1%	18 21.7%	18 21.7%	26 31.3%	59 71.1%
Health Fair	307	60 19.5%	50 16.3%	54 17.6%	59 19.2%	39 12.7%	158 51.5%
<b>Total</b>	<b>6,068</b>	<b>816 13.4%</b>	<b>1,077 17.7%</b>	<b>1,098 18.1%</b>	<b>779 12.8%</b>	<b>792 13.1%</b>	<b>2,751 45.3%</b>

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
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<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>11</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	3,292	899	27.3%	1,807	54.9%	1,557	47.3%	1,032	31.3%	1,080	32.8%	2,718	82.6%
Periodic Due (Medical)	37,561	2,949	7.9%	10,722	28.5%	8,966	23.9%	3,461	9.2%	4,411	11.7%	24,094	64.1%
Periodic Due (Dental)	73,420	3,429	4.7%	18,087	24.6%	12,701	17.3%	4,347	5.9%	3,637	5.0%	38,086	51.9%
Checkup Reminder (Medical)	9,759	861	8.8%	610	6.3%	585	6.0%	380	3.9%	349	3.6%	1,891	19.4%
Checkup Reminder (Dental)	26,001	2,799	10.8%	2,061	7.9%	2,021	7.8%	1,259	4.8%	1,100	4.2%	6,356	24.4%
Non-Participant	1,099	109	9.9%	161	14.6%	154	14.0%	115	10.5%	89	8.1%	446	40.6%
Total	151,132	11,046	7.3%	33,448	22.1%	25,984	17.2%	10,594	7.0%	10,666	7.1%	73,591	48.7%
Oral Outreach:													
Phone	16,398	2,543	15.5%	3,391	20.7%	3,079	18.8%	2,100	12.8%	2,389	14.6%	7,835	47.8%
Home Visit	126	16	12.7%	10	7.9%	10	7.9%	13	10.3%	7	5.6%	29	23.0%
Office Visit	20	0	0.0%	0	0.0%	6	30.0%	3	15.0%	2	10.0%	7	35.0%
Group Presentation	117	20	17.1%	20	17.1%	16	13.7%	23	19.7%	25	21.4%	59	50.4%
Health Fair	116	19	16.4%	25	21.6%	24	20.7%	16	13.8%	22	19.0%	72	62.1%
Total	16,777	2,598	15.5%	3,446	20.5%	3,135	18.7%	2,155	12.8%	2,445	14.6%	8,002	47.7%

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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>February 2017</b>
<b>Health Service Region</b>	<b>99</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	314	41	13.1%	81	25.8%	94	29.9%	48	15.3%	41	13.1%	174	55.4%
Periodic Due (Medical)	1,197	119	9.9%	191	16.0%	170	14.2%	56	4.7%	79	6.6%	435	36.3%
Periodic Due (Dental)	2,085	107	5.1%	336	16.1%	211	10.1%	75	3.6%	56	2.7%	667	32.0%
Checkup Reminder (Medical)	302	15	5.0%	14	4.6%	10	3.3%	4	1.3%	9	3.0%	37	12.3%
Checkup Reminder (Dental)	799	72	9.0%	42	5.3%	44	5.5%	29	3.6%	12	1.5%	127	15.9%
Non-Participant	60	2	3.3%	9	15.0%	1	1.7%	2	3.3%	2	3.3%	14	23.3%
Total	4,757	356	7.5%	673	14.1%	530	11.1%	214	4.5%	199	4.2%	1,454	30.6%
Oral Outreach:													
Phone	3,165	90	2.8%	136	4.3%	148	4.7%	61	1.9%	70	2.2%	320	10.1%
Home Visit	19	0	0.0%	2	10.5%	0	0.0%	0	0.0%	0	0.0%	2	10.5%
Office Visit	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Presentation	13	0	0.0%	5	38.5%	2	15.4%	0	0.0%	5	38.5%	6	46.2%
Health Fair	6	3	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	3,204	93	2.9%	143	4.5%	150	4.7%	61	1.9%	75	2.3%	328	10.2%

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Report Label	Description
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>Statewide</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month	Number and % who received a checkup in the activity month	Number and % who received a checkup 1 month after activity month	Number and % who received a checkup 2 months after activity month	Number and % who received a checkup 3 months after activity month	Total and % who received a checkup in the activity month and up to 3 months after activity month
<b>Letters:</b>							
Newly Certified	31,413	3,011 9.6%	14,002 44.6%	9,925 31.6%	11,716 37.3%	6,375 20.3%	22,574 71.9%
Periodic Due (Medical)	326,589	36,511 11.2%	83,536 25.6%	42,791 13.1%	43,527 13.3%	26,559 8.1%	169,726 52.0%
Periodic Due (Dental)	505,289	21,644 4.3%	110,727 21.9%	63,751 12.6%	28,671 5.7%	26,487 5.2%	224,968 44.5%
Checkup Reminder (Medical)	96,636	5,083 5.3%	4,928 5.1%	4,078 4.2%	3,300 3.4%	2,916 3.0%	15,082 15.6%
Checkup Reminder (Dental)	203,285	17,183 8.5%	17,613 8.7%	12,919 6.4%	8,918 4.4%	9,050 4.5%	47,818 23.5%
Non-Participant	11,177	872 7.8%	1,382 12.4%	1,247 11.2%	969 8.7%	921 8.2%	3,932 35.2%
<b>Total</b>	<b>1,174,389</b>	<b>84,304 7.2%</b>	<b>232,188 19.8%</b>	<b>134,711 11.5%</b>	<b>97,101 8.3%</b>	<b>72,308 6.2%</b>	<b>484,100 41.2%</b>
<b>Oral Outreach:</b>							
Phone	177,121	18,983 10.7%	34,273 19.4%	26,416 14.9%	21,204 12.0%	20,068 11.3%	75,540 42.6%
Home Visit	2,342	155 6.6%	216 9.2%	231 9.9%	222 9.5%	156 6.7%	661 28.2%
Office Visit	370	37 10.0%	69 18.6%	65 17.6%	56 15.1%	38 10.3%	183 49.5%
Group Presentation	1,560	303 19.4%	341 21.9%	301 19.3%	206 13.2%	251 16.1%	832 53.3%
Health Fair	1,048	163 15.6%	195 18.6%	146 13.9%	189 18.0%	172 16.4%	568 54.2%
<b>Total</b>	<b>182,441</b>	<b>19,641 10.8%</b>	<b>35,094 19.2%</b>	<b>27,159 14.9%</b>	<b>21,877 12.0%</b>	<b>20,685 11.3%</b>	<b>77,784 42.6%</b>

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<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>01</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	988	75	7.6%	445	45.0%	295	29.9%	368	37.2%	221	22.4%	719	72.8%
Periodic Due (Medical)	10,004	1,014	10.1%	2,071	20.7%	1,096	11.0%	1,144	11.4%	763	7.6%	4,326	43.2%
Periodic Due (Dental)	15,683	533	3.4%	2,727	17.4%	1,562	10.0%	705	4.5%	566	3.6%	5,484	35.0%
Checkup Reminder (Medical)	3,243	143	4.4%	109	3.4%	106	3.3%	96	3.0%	90	2.8%	399	12.3%
Checkup Reminder (Dental)	6,965	454	6.5%	442	6.3%	360	5.2%	223	3.2%	195	2.8%	1,204	17.3%
Non-Participant	550	41	7.5%	58	10.5%	51	9.3%	51	9.3%	40	7.3%	172	31.3%
Total	37,433	2,260	6.0%	5,852	15.6%	3,470	9.3%	2,587	6.9%	1,875	5.0%	12,304	32.9%
Oral Outreach:													
Phone	5,706	518	9.1%	1,033	18.1%	790	13.8%	590	10.3%	582	10.2%	2,289	40.1%
Home Visit	131	11	8.4%	16	12.2%	18	13.7%	11	8.4%	10	7.6%	41	31.3%
Office Visit	3	0	0.0%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	1	33.3%
Group Presentation	123	15	12.2%	15	12.2%	15	12.2%	9	7.3%	17	13.8%	46	37.4%
Health Fair	37	6	16.2%	9	24.3%	5	13.5%	6	16.2%	6	16.2%	19	51.4%
Total	6,000	550	9.2%	1,074	17.9%	829	13.8%	616	10.3%	615	10.3%	2,396	39.9%

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>02</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	538	17	3.2%	244	45.4%	119	22.1%	212	39.4%	96	17.8%	374	69.5%
Periodic Due (Medical)	6,113	598	9.8%	1,229	20.1%	699	11.4%	740	12.1%	472	7.7%	2,620	42.9%
Periodic Due (Dental)	9,169	362	3.9%	1,684	18.4%	1,110	12.1%	406	4.4%	314	3.4%	3,443	37.6%
Checkup Reminder (Medical)	2,026	74	3.7%	88	4.3%	70	3.5%	51	2.5%	65	3.2%	271	13.4%
Checkup Reminder (Dental)	3,992	290	7.3%	287	7.2%	222	5.6%	123	3.1%	138	3.5%	756	18.9%
Non-Participant	324	22	6.8%	43	13.3%	32	9.9%	22	6.8%	21	6.5%	106	32.7%
Total	22,162	1,363	6.2%	3,575	16.1%	2,252	10.2%	1,554	7.0%	1,106	5.0%	7,570	34.2%
Oral Outreach:													
Phone	3,066	261	8.5%	548	17.9%	424	13.8%	321	10.5%	286	9.3%	1,179	38.5%
Home Visit	84	4	4.8%	10	11.9%	5	6.0%	9	10.7%	4	4.8%	24	28.6%
Office Visit	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Presentation	137	24	17.5%	19	13.9%	20	14.6%	19	13.9%	19	13.9%	54	39.4%
Health Fair	81	12	14.8%	15	18.5%	10	12.3%	9	11.1%	10	12.3%	40	49.4%
Total	3,369	301	8.9%	592	17.6%	459	13.6%	358	10.6%	319	9.5%	1,297	38.5%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
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Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>03</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	8,337	997	12.0%	3,471	41.6%	2,648	31.8%	2,832	34.0%	1,750	21.0%	5,843	70.1%
Periodic Due (Medical)	76,981	8,390	10.9%	18,566	24.1%	9,526	12.4%	10,174	13.2%	6,552	8.5%	38,663	50.2%
Periodic Due (Dental)	118,685	5,567	4.7%	28,731	24.2%	15,473	13.0%	6,798	5.7%	6,749	5.7%	56,483	47.6%
Checkup Reminder (Medical)	23,051	1,185	5.1%	1,154	5.0%	969	4.2%	750	3.3%	691	3.0%	3,534	15.3%
Checkup Reminder (Dental)	44,542	4,210	9.5%	4,371	9.8%	3,079	6.9%	2,017	4.5%	2,084	4.7%	11,389	25.6%
Non-Participant	2,392	176	7.4%	337	14.1%	277	11.6%	212	8.9%	210	8.8%	903	37.8%
Total	273,988	20,525	7.5%	56,630	20.7%	31,972	11.7%	22,783	8.3%	18,036	6.6%	116,815	42.6%
Oral Outreach:													
Phone	43,253	4,865	11.2%	8,557	19.8%	6,700	15.5%	5,457	12.6%	5,289	12.2%	19,177	44.3%
Home Visit	610	45	7.4%	66	10.8%	60	9.8%	66	10.8%	50	8.2%	193	31.6%
Office Visit	72	13	18.1%	12	16.7%	7	9.7%	12	16.7%	6	8.3%	29	40.3%
Group Presentation	220	48	21.8%	58	26.4%	57	25.9%	29	13.2%	38	17.3%	131	59.5%
Health Fair	53	6	11.3%	10	18.9%	8	15.1%	7	13.2%	16	30.2%	31	58.5%
Total	44,208	4,977	11.3%	8,703	19.7%	6,832	15.5%	5,571	12.6%	5,399	12.2%	19,561	44.2%

#### Report Purpose

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For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
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Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>04</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	1,197	129	10.8%	524	43.8%	340	28.4%	416	34.8%	228	19.0%	809	67.6%
Periodic Due (Medical)	13,831	1,499	10.8%	3,274	23.7%	1,759	12.7%	1,763	12.7%	1,092	7.9%	6,753	48.8%
Periodic Due (Dental)	21,581	733	3.4%	3,514	16.3%	2,669	12.4%	1,153	5.3%	912	4.2%	8,164	37.8%
Checkup Reminder (Medical)	4,475	234	5.2%	198	4.4%	175	3.9%	146	3.3%	136	3.0%	653	14.6%
Checkup Reminder (Dental)	9,734	608	6.2%	623	6.4%	548	5.6%	383	3.9%	359	3.7%	1,893	19.4%
Non-Participant	507	37	7.3%	69	13.6%	62	12.2%	33	6.5%	39	7.7%	170	33.5%
Total	51,325	3,240	6.3%	8,202	16.0%	5,553	10.8%	3,894	7.6%	2,766	5.4%	18,442	35.9%
Oral Outreach:													
Phone	6,699	684	10.2%	1,149	17.2%	889	13.3%	723	10.8%	671	10.0%	2,643	39.5%
Home Visit	132	6	4.5%	17	12.9%	8	6.1%	8	6.1%	6	4.5%	36	27.3%
Office Visit	24	2	8.3%	2	8.3%	8	33.3%	1	4.2%	5	20.8%	13	54.2%
Group Presentation	36	10	27.8%	7	19.4%	4	11.1%	2	5.6%	7	19.4%	15	41.7%
Health Fair	16	4	25.0%	0	0.0%	3	18.8%	7	43.8%	3	18.8%	12	75.0%
Total	6,907	706	10.2%	1,175	17.0%	912	13.2%	741	10.7%	692	10.0%	2,719	39.4%

#### Report Purpose

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>05</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	825	53	6.4%	357	43.3%	249	30.2%	285	34.5%	142	17.2%	557	67.5%
Periodic Due (Medical)	9,461	969	10.2%	2,110	22.3%	1,044	11.0%	1,104	11.7%	665	7.0%	4,243	44.8%
Periodic Due (Dental)	14,886	601	4.0%	2,600	17.5%	1,629	10.9%	840	5.6%	700	4.7%	5,660	38.0%
Checkup Reminder (Medical)	3,162	128	4.0%	137	4.3%	98	3.1%	74	2.3%	84	2.7%	387	12.2%
Checkup Reminder (Dental)	6,625	522	7.9%	466	7.0%	381	5.8%	265	4.0%	267	4.0%	1,364	20.6%
Non-Participant	365	26	7.1%	40	11.0%	36	9.9%	22	6.0%	25	6.8%	107	29.3%
Total	35,324	2,299	6.5%	5,710	16.2%	3,437	9.7%	2,590	7.3%	1,883	5.3%	12,318	34.9%
Oral Outreach:													
Phone	5,370	542	10.1%	900	16.8%	722	13.4%	572	10.7%	519	9.7%	2,038	38.0%
Home Visit	60	1	1.7%	3	5.0%	6	10.0%	1	1.7%	1	1.7%	10	16.7%
Office Visit	6	0	0.0%	4	66.7%	0	0.0%	1	16.7%	0	0.0%	5	83.3%
Group Presentation	13	0	0.0%	0	0.0%	0	0.0%	1	7.7%	3	23.1%	4	30.8%
Health Fair	8	0	0.0%	1	12.5%	0	0.0%	0	0.0%	3	37.5%	4	50.0%
Total	5,457	543	10.0%	908	16.6%	728	13.3%	575	10.5%	526	9.6%	2,061	37.8%

#### Report Purpose

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Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
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Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
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Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>06</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	8,119	661	8.1%	3,476	42.8%	2,561	31.5%	3,052	37.6%	1,530	18.8%	5,827	71.8%
Periodic Due (Medical)	80,561	9,458	11.7%	21,112	26.2%	10,812	13.4%	11,070	13.7%	6,101	7.6%	42,608	52.9%
Periodic Due (Dental)	123,808	5,567	4.5%	25,862	20.9%	15,608	12.6%	7,374	6.0%	7,288	5.9%	54,977	44.4%
Checkup Reminder (Medical)	23,569	1,299	5.5%	1,311	5.6%	1,005	4.3%	842	3.6%	653	2.8%	3,779	16.0%
Checkup Reminder (Dental)	51,544	4,625	9.0%	4,835	9.4%	3,424	6.6%	2,432	4.7%	2,611	5.1%	13,136	25.5%
Non-Participant	2,654	189	7.1%	301	11.3%	284	10.7%	253	9.5%	217	8.2%	929	35.0%
Total	290,255	21,799	7.5%	56,897	19.6%	33,694	11.6%	25,023	8.6%	18,400	6.3%	121,256	41.8%
Oral Outreach:													
Phone	46,563	5,149	11.1%	9,392	20.2%	7,266	15.6%	5,885	12.6%	5,285	11.4%	20,663	44.4%
Home Visit	376	17	4.5%	37	9.8%	42	11.2%	32	8.5%	23	6.1%	105	27.9%
Office Visit	11	1	9.1%	3	27.3%	1	9.1%	0	0.0%	4	36.4%	7	63.6%
Group Presentation	544	117	21.5%	141	25.9%	108	19.9%	88	16.2%	97	17.8%	328	60.3%
Health Fair	167	33	19.8%	44	26.3%	31	18.6%	31	18.6%	27	16.2%	111	66.5%
Total	47,661	5,317	11.2%	9,617	20.2%	7,448	15.6%	6,036	12.7%	5,436	11.4%	21,214	44.5%

#### Report Purpose

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For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
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<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>07</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	3,064	295	9.6%	1,276	41.6%	850	27.7%	1,127	36.8%	616	20.1%	2,125	69.4%
Periodic Due (Medical)	30,066	3,268	10.9%	7,127	23.7%	3,547	11.8%	3,954	13.2%	2,413	8.0%	14,730	49.0%
Periodic Due (Dental)	45,788	1,751	3.8%	8,908	19.5%	5,452	11.9%	2,530	5.5%	2,197	4.8%	18,687	40.8%
Checkup Reminder (Medical)	8,840	373	4.2%	403	4.6%	346	3.9%	292	3.3%	248	2.8%	1,278	14.5%
Checkup Reminder (Dental)	19,023	1,409	7.4%	1,370	7.2%	1,117	5.9%	763	4.0%	746	3.9%	3,937	20.7%
Non-Participant	1,257	103	8.2%	140	11.1%	139	11.1%	100	8.0%	96	7.6%	414	32.9%
Total	108,038	7,199	6.7%	19,224	17.8%	11,451	10.6%	8,766	8.1%	6,316	5.8%	41,171	38.1%
Oral Outreach:													
Phone	16,659	1,624	9.7%	2,985	17.9%	2,428	14.6%	1,838	11.0%	1,835	11.0%	6,831	41.0%
Home Visit	356	20	5.6%	26	7.3%	41	11.5%	38	10.7%	24	6.7%	104	29.2%
Office Visit	60	10	16.7%	18	30.0%	10	16.7%	10	16.7%	4	6.7%	35	58.3%
Group Presentation	23	8	34.8%	5	21.7%	6	26.1%	0	0.0%	5	21.7%	14	60.9%
Health Fair	104	13	12.5%	23	22.1%	14	13.5%	23	22.1%	24	23.1%	58	55.8%
Total	17,202	1,675	9.7%	3,057	17.8%	2,499	14.5%	1,909	11.1%	1,892	11.0%	7,042	40.9%

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Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
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<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>08</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	3,162	272	8.6%	1,469	46.5%	969	30.6%	1,257	39.8%	662	20.9%	2,308	73.0%
Periodic Due (Medical)	34,185	3,727	10.9%	8,107	23.7%	4,039	11.8%	4,299	12.6%	2,889	8.5%	16,623	48.6%
Periodic Due (Dental)	53,532	2,195	4.1%	11,187	20.9%	6,649	12.4%	3,138	5.9%	2,797	5.2%	23,258	43.4%
Checkup Reminder (Medical)	11,227	518	4.6%	462	4.1%	421	3.7%	381	3.4%	386	3.4%	1,638	14.6%
Checkup Reminder (Dental)	21,244	1,701	8.0%	1,659	7.8%	1,299	6.1%	949	4.5%	922	4.3%	4,742	22.3%
Non-Participant	1,263	103	8.2%	151	12.0%	140	11.1%	101	8.0%	113	8.9%	435	34.4%
Total	124,613	8,516	6.8%	23,035	18.5%	13,517	10.8%	10,125	8.1%	7,769	6.2%	49,004	39.3%
Oral Outreach:													
Phone	19,015	1,896	10.0%	3,780	19.9%	2,759	14.5%	2,209	11.6%	2,109	11.1%	8,086	42.5%
Home Visit	282	15	5.3%	19	6.7%	22	7.8%	33	11.7%	18	6.4%	71	25.2%
Office Visit	10	0	0.0%	0	0.0%	1	10.0%	3	30.0%	3	30.0%	6	60.0%
Group Presentation	20	2	10.0%	7	35.0%	6	30.0%	1	5.0%	3	15.0%	14	70.0%
Health Fair	38	8	21.1%	4	10.5%	5	13.2%	11	28.9%	11	28.9%	26	68.4%
Total	19,365	1,921	9.9%	3,810	19.7%	2,793	14.4%	2,257	11.7%	2,144	11.1%	8,203	42.4%

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Report Label	Description
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<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>09</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	817	53	6.5%	365	44.7%	223	27.3%	274	33.5%	159	19.5%	562	68.8%
Periodic Due (Medical)	7,021	751	10.7%	1,402	20.0%	685	9.8%	802	11.4%	516	7.3%	2,852	40.6%
Periodic Due (Dental)	10,668	403	3.8%	1,892	17.7%	981	9.2%	433	4.1%	417	3.9%	3,684	34.5%
Checkup Reminder (Medical)	2,169	68	3.1%	70	3.2%	71	3.3%	57	2.6%	57	2.6%	252	11.6%
Checkup Reminder (Dental)	4,589	289	6.3%	309	6.7%	238	5.2%	156	3.4%	158	3.4%	851	18.5%
Non-Participant	335	16	4.8%	25	7.5%	25	7.5%	19	5.7%	27	8.1%	89	26.6%
Total	25,599	1,580	6.2%	4,063	15.9%	2,223	8.7%	1,741	6.8%	1,334	5.2%	8,290	32.4%
Oral Outreach:													
Phone	3,927	339	8.6%	665	16.9%	530	13.5%	419	10.7%	390	9.9%	1,498	38.1%
Home Visit	103	6	5.8%	11	10.7%	9	8.7%	8	7.8%	9	8.7%	29	28.2%
Office Visit	20	0	0.0%	4	20.0%	2	10.0%	4	20.0%	3	15.0%	9	45.0%
Group Presentation	148	31	20.9%	29	19.6%	23	15.5%	10	6.8%	12	8.1%	64	43.2%
Health Fair	23	3	13.0%	6	26.1%	1	4.3%	2	8.7%	3	13.0%	9	39.1%
Total	4,221	379	9.0%	715	16.9%	565	13.4%	443	10.5%	417	9.9%	1,609	38.1%

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<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>10</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	1,107	109	9.8%	525	47.4%	429	38.8%	431	38.9%	260	23.5%	810	73.2%
Periodic Due (Medical)	12,913	1,548	12.0%	3,769	29.2%	1,984	15.4%	1,791	13.9%	1,129	8.7%	7,579	58.7%
Periodic Due (Dental)	19,935	773	3.9%	4,870	24.4%	2,422	12.1%	1,005	5.0%	845	4.2%	8,922	44.8%
Checkup Reminder (Medical)	3,371	221	6.6%	222	6.6%	189	5.6%	143	4.2%	125	3.7%	672	19.9%
Checkup Reminder (Dental)	8,165	565	6.9%	643	7.9%	442	5.4%	286	3.5%	270	3.3%	1,618	19.8%
Non-Participant	355	23	6.5%	56	15.8%	44	12.4%	36	10.1%	21	5.9%	132	37.2%
Total	45,846	3,239	7.1%	10,085	22.0%	5,510	12.0%	3,692	8.1%	2,650	5.8%	19,733	43.0%
Oral Outreach:													
Phone	5,913	677	11.4%	1,257	21.3%	942	15.9%	726	12.3%	718	12.1%	2,632	44.5%
Home Visit	70	18	25.7%	4	5.7%	10	14.3%	7	10.0%	5	7.1%	20	28.6%
Office Visit	153	11	7.2%	24	15.7%	30	19.6%	24	15.7%	13	8.5%	72	47.1%
Group Presentation	145	27	18.6%	33	22.8%	25	17.2%	18	12.4%	21	14.5%	76	52.4%
Health Fair	310	36	11.6%	52	16.8%	42	13.5%	59	19.0%	48	15.5%	165	53.2%
Total	6,591	769	11.7%	1,370	20.8%	1,049	15.9%	834	12.7%	805	12.2%	2,965	45.0%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>11</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	2,984	336	11.3%	1,757	58.9%	1,185	39.7%	1,398	46.8%	693	23.2%	2,485	83.3%
Periodic Due (Medical)	44,158	5,142	11.6%	14,509	32.9%	7,516	17.0%	6,590	14.9%	3,928	8.9%	28,305	64.1%
Periodic Due (Dental)	69,823	3,099	4.4%	18,509	26.5%	10,043	14.4%	4,232	6.1%	3,666	5.3%	35,724	51.2%
Checkup Reminder (Medical)	11,203	836	7.5%	767	6.8%	620	5.5%	461	4.1%	378	3.4%	2,194	19.6%
Checkup Reminder (Dental)	26,179	2,465	9.4%	2,581	9.9%	1,774	6.8%	1,310	5.0%	1,283	4.9%	6,838	26.1%
Non-Participant	1,142	133	11.6%	161	14.1%	155	13.6%	120	10.5%	112	9.8%	472	41.3%
Total	155,489	12,011	7.7%	38,284	24.6%	21,293	13.7%	14,111	9.1%	10,060	6.5%	76,018	48.9%
Oral Outreach:													
Phone	17,527	2,353	13.4%	3,878	22.1%	2,886	16.5%	2,389	13.6%	2,341	13.4%	8,266	47.2%
Home Visit	123	12	9.8%	7	5.7%	10	8.1%	8	6.5%	6	4.9%	27	22.0%
Office Visit	8	0	0.0%	1	12.5%	4	50.0%	1	12.5%	0	0.0%	5	62.5%
Group Presentation	137	21	15.3%	24	17.5%	35	25.5%	28	20.4%	27	19.7%	81	59.1%
Health Fair	207	41	19.8%	29	14.0%	26	12.6%	34	16.4%	20	9.7%	90	43.5%
Total	18,002	2,427	13.5%	3,939	21.9%	2,961	16.4%	2,460	13.7%	2,394	13.3%	8,469	47.0%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.



Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB233</b>
<b>Report Name</b>	<b>Outreach Effectiveness Report for Medical and Dental Checkups (Frew Consent Decree Paragraph 61)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter (January 2017, February 2017, March 2017)</b>
<b>Report Period</b>	<b>March 2017</b>
<b>Health Service Region</b>	<b>99</b>



Activity Type	Number of Recipients with Activity Type	Number and % who received a checkup in the month before activity month		Number and % who received a checkup in the activity month		Number and % who received a checkup 1 month after activity month		Number and % who received a checkup 2 months after activity month		Number and % who received a checkup 3 months after activity month		Total and % who received a checkup in the activity month and up to 3 months after activity month	
Letters:													
Newly Certified	275	14	5.1%	93	33.8%	57	20.7%	64	23.3%	18	6.5%	155	56.4%
Periodic Due (Medical)	1,295	147	11.4%	260	20.1%	84	6.5%	96	7.4%	39	3.0%	424	32.7%
Periodic Due (Dental)	1,731	60	3.5%	243	14.0%	153	8.8%	57	3.3%	36	2.1%	482	27.8%
Checkup Reminder (Medical)	300	4	1.3%	7	2.3%	8	2.7%	7	2.3%	3	1.0%	25	8.3%
Checkup Reminder (Dental)	683	45	6.6%	27	4.0%	35	5.1%	11	1.6%	17	2.5%	90	13.2%
Non-Participant	33	3	9.1%	1	3.0%	2	6.1%	0	0.0%	0	0.0%	3	9.1%
Total	4,317	273	6.3%	631	14.6%	339	7.9%	235	5.4%	113	2.6%	1,179	27.3%
Oral Outreach:													
Phone	3,423	75	2.2%	129	3.8%	80	2.3%	75	2.2%	43	1.3%	238	7.0%
Home Visit	15	0	0.0%	0	0.0%	0	0.0%	1	6.7%	0	0.0%	1	6.7%
Office Visit	2	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%
Group Presentation	14	0	0.0%	3	21.4%	2	14.3%	1	7.1%	2	14.3%	5	35.7%
Health Fair	4	1	25.0%	2	50.0%	1	25.0%	0	0.0%	1	25.0%	3	75.0%
Total	3,458	76	2.2%	134	3.9%	84	2.4%	77	2.2%	46	1.3%	248	7.2%

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number and percent of Texas Health Steps recipients who received a medical and/or dental checkup after an activity type during a particular month. Activity types include being sent a written offer of oral outreach (letter) or receiving different methods of oral outreach.

For those who were sent letters, the report includes the population of Texas Health Steps recipients who were newly-certified for Medicaid, due for a periodic medical or dental checkup, overdue for a periodic medical and/or dental checkup, or did not receive medical or dental checkup in the past year.

For those Texas Health Steps recipients who received oral outreach, the report includes five methods of oral outreach - phone, home visit, office visit, group presentation, or health fair. Texas Health Steps recipients can receive one or more methods of oral outreach.

The number and percent reported are for those Texas Health Steps recipients who received a medical and/or dental checkup the month prior to the month the activity type occurred, during the month the activity type occurred, and up to three months after the month the activity type occurred. This report includes totals for the entire state and sub-totals for each Health Service Region. This report is produced quarterly. A separate report is produced for each activity month in the quarter (see Report Quarter and Activity Month above).

Medicaid providers have 95 days from the date of service to submit a claim requesting payment. The processing time for a correct claim is up to 30 days. Managed care organizations have 30 days from the end of the month in which a claim was adjudicated to submit an encounter to the encounter warehouse. The number and percent of Medicaid recipients who received a medical or dental checkup in the months following outreach reflect the number of claims and encounters filed on or before the date data for the report is obtained, and may not include all medical or dental checkups performed in the month reported.

Report Label	Description
Letters	Includes clients who were mailed these outreach letters in the activity month: - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02) - Non-Participant Letter (H04) - Checkup Due Medical Letter (H10M), and Checkup Due Dental Letter (H10D) - Checkup Reminder Medical Letter (H11M), and Checkup Reminder Dental Letter (H11D)
Oral Outreach	Includes clients who received oral outreach for Texas Health Steps (THSteps) by Phone (inbound and outbound), Home Visit, Office Visit, Group Presentation, and Health Fair in the activity month.
Number of Recipients with Activity Type	Count of clients for each outreach population who were mailed an outreach letter or received oral outreach in the activity month.
Number and % who received a checkup in the month before activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month prior to the activity month.
Number and % who received a checkup in the activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the activity month.
Number and % who received a checkup 1 month after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the month after the activity month.
Number and % who received a checkup 2 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 2nd month after the activity month.
Number and % who received a checkup 3 months after activity month	Count and percentage of clients for each outreach population who were mailed an outreach letter or received oral outreach and had a valid medical and/or dental checkup in the 3rd month after the activity month.
Total and % who received a checkup in the activity month and up to 3 months after activity month	Unique count of clients and percentage of clients who received a checkup in the activity month and up to 3 months after the activity month. Clients with multiple checkups in the same month or across several months will be counted once.

<b>Report ID</b>	<b>EB234</b>
<b>Report Name</b>	<b>Texas Health Steps Outreach Report (Frew Consent Decree Paragraph 60)</b>
<b>Report Quarter</b>	<b>October 2017 - 4th Quarter</b>
<b>Report Period</b>	<b>May 2017, June 2017, July 2017</b>



Section	Description	May 2017	Jun 2017	Jul 2017	Grand Total
	<b>Number of Initial Written Offers of Outreach</b>				
a)	4 Month Dental Letters Mailed	20,602	19,412	17,292	<b>57,306</b>
	Newly Certified Letters Mailed	31,714	49,016	26,439	<b>107,169</b>
	<b>Total</b>	<b>52,316</b>	<b>68,428</b>	<b>43,731</b>	<b>164,475</b>
b)	<b>Provider Outreach Referrals (see EB201 - THSteps - Provider Outreach Referrals Report)</b>				
c)	Clients who did not respond to the initial written offer of outreach within 45 days	51,976	67,915	43,363	<b>163,254</b>
d)	Clients who did not receive oral outreach within 45 days of generating a dialer request or manual outbound call request	4,285	4,888	3,642	<b>12,815</b>
	<b>Clients who responded to the initial written offer of outreach within 45 days and type of outreach requested</b>				
e)	Home Visit	0	0	0	<b>0</b>
	Phone Call	193	291	228	<b>712</b>
	<b>Total</b>	<b>193</b>	<b>291</b>	<b>228</b>	<b>712</b>
	<b>Clients who responded to the initial written offer of outreach within 45 days, who requested outreach (from e above) and the number who received the requested outreach</b>				
f)	Home Visit	0	0	0	<b>0</b>
	Phone Call	193	291	228	<b>712</b>
	Other (i.e. Office Visit, Group Meeting, and Health Fair)	0	0	0	<b>0</b>
	<b>Total</b>	<b>193</b>	<b>291</b>	<b>228</b>	<b>712</b>
	<b>Clients who responded to the initial written offer of outreach within 45 days, who requested outreach (from e above) and the number who did not receive the requested outreach and why</b>				
g)	Deceased	0	0	0	<b>0</b>
	Not Eligible for THSteps at time of Outreach Request	0	0	0	<b>0</b>
	Unsuccessful Home Visit	0	0	0	<b>0</b>
	Other (may include: General Info Request)	0	0	0	<b>0</b>
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Report Purpose

The purpose of this report is to demonstrate the effectiveness of outreach by displaying the number of Texas Health Steps clients who responded with a phone call after been sent a written offer of oral outreach (letter), or received different methods of oral outreach. This report is produced every quarter for a 3 month period.

Report Label	Description
a) Number of Initial Written Offers of Outreach	Number of the following outreach letters mailed in the 3 month period: - 4-Month Dental Letter (H05) - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02)
b) Provider Outreach Referrals	See EB201 - THSteps - Provider Outreach Referrals Report. The report shows number of Provider Outreach Referrals Processed, Successful Phone Calls, and Letters Mailed
c) Clients who did not respond to the initial written offer of outreach within 45 days	Number of clients who were mailed one of the outreach letters below within the report period, and who did not call the Call Center within 45 days of the letter printed on date. - 4-Month Dental Letter (H05) - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02)
d) Clients who did not receive oral outreach within 45 days of generating a dialer request or manual outbound call request	Number of clients who were mailed one of the outreach letters below within the report period, and the outbound phone call attempt was unsuccessful, and the client did not call the Call Center within 45 days of the outbound dialer request date or manual outbound call request date. - Provider Outreach Referral Letter (H18) - Missed Appointment Letter (H13) - Extra Effort Referral Letter (H17) - Non-Participant Letter (H04)
e) Clients who responded to the initial written offer of outreach within 45 days and type of outreach requested	Shows the number and type of oral outreach requested for the number of clients who were mailed one of the outreach letters below within the report period, and who called the Call Center within 45 days of the letter printed on date, and indicated the reason for the call is 'Received Letter'. - 4-Month Dental Letter (H05) - Newly Certified Letter (H01) - Newly Certified Letter - HCO (H02)
f) Clients who responded to the initial written offer of outreach within 45 days, who requested outreach (from e above) and the number who received the requested outreach	Shows the number of clients in e who received each type of outreach requested.
g) Clients who responded to the initial written offer of outreach within 45 days, who requested outreach (from e above) and the number who did not receive the requested outreach and why	Shows the number of clients in e who did not receive the requested outreach and why. Other includes: Clients who did not have a valid THSteps call action documented in MAXeb for the home visit.

Report ID	EB 508
Report Name	THSteps Outbound Mail Report
Report Period	2017 Q4
Health Service Region	All



Mail Item	Outcome	Health Service Region (HSR)												Total Mail	% Returned *
		1	2	3	4	5	6	7	8	9	10	11	n/a		
Newly Certified Letter (H01)	Sent	2,680	1,539	20,551	3,420	2,391	21,104	8,008	8,461	2,122	3,067	9,140	32	82,515	2.79%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	2,303	
HCO Letter (H02)	Sent	1,605	1,079	13,647	2,196	1,640	12,358	5,269	4,977	1,223	2,100	4,408	10	50,512	3.13%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	1,581	
Pregnant Women Letter (H03)	Sent	1,149	741	7,365	1,464	1,181	7,404	3,048	3,842	889	1,254	4,101	12	32,450	4.06%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	1,319	
Non-Participant Letter (H04)	Sent	1,540	773	7,147	1,770	1,226	8,033	3,793	3,931	944	1,148	3,259	25	33,589	4.00%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	1,345	
4-Month Dental Letter (H05)	Sent	1,759	1,008	13,647	2,264	1,548	13,815	5,156	5,794	1,380	2,068	6,588	8	55,035	3.25%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	1,791	
Checkup Due Letter (11 sub-groups) (H10)	Sent	72,479	43,489	549,299	99,100	70,393	587,006	213,935	251,256	49,087	95,937	327,828	1,050	2,360,859	3.38%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	79,882	
Checkup Reminder Letter (7 sub-groups) (H11)	Sent	33,581	18,619	200,055	42,866	31,057	224,871	86,465	100,447	21,321	35,000	108,760	752	903,794	4.24%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	38,345	
Total Mail	Sent	114,793	67,248	811,711	153,080	109,436	874,591	325,674	378,708	76,966	140,574	464,084	1,889	3,518,754	3.60%
	Returned	--	--	--	--	--	--	--	--	--	--	--	--	126,566	

Report Label	Description
Mail Item	All potential Mail Items (i.e. letters, packets) sent to THSteps clients
Outcome	Result of mail request: • Sent – Mailed via USPS • Returned – Sent via USPS, but returned as undeliverable for reasons provided by the USPS ACS report.
Region	Geographic populations identified by THSteps Program Geographic populations identified by n/a represents letters mailed to clients without an assigned region
Total Mail	Total count of mail items per Mail Item/Outcome, Region and Report Period
% Returned	Percentage of Returns per Mail Items, Region and Report Period Returned is defined as Returned. Calculation: Returned / Sent * Note: Because returned mail could be from prior month's mailings, this calculation is just an approximation.

Report ID	EB 508
Report Name	THSteps Outbound Mail Report
Report Period	2017 Q4
Health Service Region	All



THSteps Letter Crosswalk Legend



New Letter Name	New Letter Code	Former Letter Name	Former Letter Code	New Letter Name	New Letter Code	Former Letter Name	Former Letter Code
Newly Certified Letter	H01	Newly Certified Letter	RCERT	Checkup Reminder Letter (7 sub-groups)	H11	Dental Checkup Reminder Letter - clients less than 2 years old	O1DI
Newly Certified Letter - HCO Letter	H02	Newly Certified Letter - HCO Letter	HCOCERT			Medical Checkup Reminder Letter - clients ages 3, 4 & 5 years old	O1MT
Pregnant Women Letter	H03	Pregnant Women Letter	PREGW			Dental Checkup Reminder Letter - clients ages 3, 4 & 5 years old	O1DT
Non-Participant Letter	H04	Non-Participant Letter	NPART			Medical Checkup Reminder Letter - clients ages 6-12 years old	O1MC
4-Month Dental Letter	H05	4-Month Dental Letter	DENTL			Dental Checkup Reminder Letter - clients ages 6-12 years old	O1DC
Checkup Due Letter (11 sub-groups)	H10	Dental Due Letter - clients 12 to 18 months old	D1DI	DFPS Letter – Leaving DFPS Conservatorship	H12	Medical Checkup Reminder Letter - clients ages 13-20 years old	O1MA
		Medical Due Letter - clients 1-2 months old	D1MN			Dental Checkup Reminder Letter - clients ages 13-20 years old	O1DA
		Medical Due Letter - clients 6-18 months old	D1MI	Missed Appointment Letter	H13	DFPS Letter – Leaving DFPS Conservatorship	DFPS
		Medical Due Letter - clients 12 months old	D1MY			Missed Appointment Letter	MA
		Medical Due Letter - clients 18, 24 & 30 months old	D1MB	Pregnant Teen Letter	H14	Pregnant Teen Letter	PREGT
		Medical Due Letter - clients 3, 4 & 5 years old	D1MT	Parenting Teen Letter	H15	Parenting Teen Letter	PARENT
		Dental Due Letter - clients 2,3 & 4 years old	D1DT	Case Management Informing Letter	H16	Case Management Informing Letter	N/A
		Medical Due Letter - clients 6-13 years old	D1MC	Extra Effort Referral Letter	H17	Extra Effort Referral Letter	N/A
		Dental Due Letter - clients 5-12 years old	D1DC	Provider Outreach Referral Letter	H18	Provider Outreach Referral Letter	PO
		Medical Due Letter - clients 14-20 years old	D1MA	Provider List Cover Letter	H19	Provider List Cover Letter	N/A
		Dental Due Letter - clients 13-20 years old	D1DA	CPW Follow-Up Letter	H20	CPW Follow-Up Letter	CPWF

Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055048	06-01-2017	500	500	1-182	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	100	100	EPSTD-04	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	500	500	EPSTD-05	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	500	500	EPSTD-08	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	500	500	EPSTD-16	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	500	500	MTP-110	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055048	06-01-2017	100	100	MTP-510_0812	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055049	06-01-2017	800	800	1-182	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	200	200	EPSTD-04	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	800	800	EPSTD-05	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	800	800	EPSTD-08	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	800	800	EPSTD-16	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	800	800	MTP-110	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055049	06-01-2017	200	200	MTP-510_0812	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055050	06-01-2017	500	500	1-182	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	100	100	EPSTD-04	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	500	500	EPSTD-05	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	500	500	EPSTD-08	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	500	500	EPSTD-16	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	500	500	MTP-110	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055050	06-01-2017	100	100	MTP-510_0812	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055091	06-02-2017	100	100	1-182	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	DENTAL-8-17	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	1	1	DENTAL-8-20	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	1	1	DENTAL-8-20S	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	30	30	E03-13634	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	10	10	E03-14572	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	20	20	EPSTD-04	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	EPSTD-05	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	EPSTD-05T	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	5	5	EPSTD-10	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	5	5	EPSTD-12	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	5	5	EPSTD-13	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	5	5	EPSTD-15	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	EPSTD-16	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	EPSTD-16T	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	EPSTD-26	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	MTP-110	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	MTP-210	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	5	5	MTP-310	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	100	100	MTP-410	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	10	10	MTP-510	American Legion Post 578	7811 Greens Road		Humble	77396
1000055091	06-02-2017	1	1	MTP-610	American Legion Post 578	7811 Greens Road		Humble	77396
1000055099	06-02-2017	2000	2000	1-325	ST. JOSEPH'S WOMEN'S CENTER	C/O Ears and Hearing	1819 Crawford St, 1st Floor	Houston	77002
1000055135	06-02-2017	1	1	08-13373	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	1-322	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	1-323_0312	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	1-326	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	6	6	1-335	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	1-337	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	1-338	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	1-342	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	DENTAL-8-17	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	6	6	DENTAL-8-20	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	E03-13591	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	E03-13592	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	6	6	E08-12876	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	6	6	EPSTD-04	Complete Health Care	315 W Houston		Jasper	75951

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055135	06-02-2017	25	25	EPSDT-05	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-05T	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-08	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	EPSDT-10	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	EPSDT-12	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	EPSDT-13	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	1	1	EPSDT-13S	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-16	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-16T	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-25	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	EPSDT-26	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	MTP-110	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	MTP-210	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	25	25	MTP-210S	Complete Health Care	315 W Houston		Jasper	75951
1000055135	06-02-2017	2	2	MTP-510	Complete Health Care	315 W Houston		Jasper	75951
1000055161	06-06-2017	214	214	1-323 0312	Good Shepherd Medical Center	Attn: Childbirth Education	700 E Marshall Ave	Longview	75601
1000055161	06-06-2017	786	786	1-323 0312	Good Shepherd Medical Center	Attn: Childbirth Education	700 E Marshall Ave	Longview	75601
1000055162	06-06-2017	100	100	1-323 0312	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055162	06-06-2017	100	100	E03-14572	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055162	06-06-2017	100	100	E08-12877	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055162	06-06-2017	100	100	EPSDT-05	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055162	06-06-2017	100	100	EPSDT-08	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055162	06-06-2017	100	100	MTP-410	TruLight127 Ministries	242 Country Lane		Cibolo	78108
1000055167	06-06-2017	25	25	MTP-210	Texas Childrens Pediatrics NW	13018 Woodforest Blvd	Ste A	Houston	77015
1000055167	06-06-2017	25	25	MTP-210S	Texas Childrens Pediatrics NW	13018 Woodforest Blvd	Ste A	Houston	77015
1000055167	06-06-2017	1	1	MTP-310	Texas Childrens Pediatrics NW	13018 Woodforest Blvd	Ste A	Houston	77015
1000055167	06-06-2017	1	1	MTP-610	Texas Childrens Pediatrics NW	13018 Woodforest Blvd	Ste A	Houston	77015
1000055167	06-06-2017	1	1	MTP-610S	Texas Childrens Pediatrics NW	13018 Woodforest Blvd	Ste A	Houston	77015
1000055171	06-06-2017	100	100	1-322	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000055199	06-06-2017	1000	1000	1-325	Rio Grande Regional Hospital	101 E. RIDGE RD		MCALLEN	78503
1000055229	06-07-2017	10	10	DENTAL-8-20	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	DENTAL-8-20S	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	E03-13591	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	E03-13592	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	E03-13593	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	50	50	E08-12877	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	EPSDT-10	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055229	06-07-2017	10	10	EPSDT-10S	La Costa Dental of Port Arthur	8035 Memorial Drive		Port Arthur	77640
1000055230	06-07-2017	10	10	DENTAL-8-20	La Costa Dental	4506 Kostoryz Road		Corpus Christi	78415
1000055230	06-07-2017	10	10	DENTAL-8-20S	La Costa Dental	4506 Kostoryz Road		Corpus Christi	78415
1000055230	06-07-2017	200	200	E08-12877	La Costa Dental	4506 Kostoryz Road		Corpus Christi	78415
1000055346	06-07-2017	500	500	1-323	Hearing Screening Assoc	8118 Spring Bluebonnet Drive		Sugar Land	77479
1000055346	06-07-2017	300	300	1-325	Hearing Screening Assoc	8118 Spring Bluebonnet Drive		Sugar Land	77479
1000055349	06-07-2017	20	20	E03-13634	TTU	800 W 4th Street		Odessa	79761
1000055349	06-07-2017	20	20	E03-14572	TTU	800 W 4th Street		Odessa	79761
1000055352	06-07-2017	5	5	E03-13634	Valdez Childrens Clinic	605 N Main	Ste B	Donna	78537
1000055448	06-09-2017	500	500	1-325	Pediatric Medical Group	1310 McCullough Ave	Metropolitan Methodist Hospital	San Antonio	78212
1000055512	06-09-2017	1	1	05-13572	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	05-13598	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	05-13599	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	05-13684	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	05-13916	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	05-14010	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-182	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-220	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-221	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-323	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-323 0312	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411



Report ID	EB 513
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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055512	06-09-2017	25	25	1-326	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	1-335	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	1-337	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	1-338	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	1	1	1-338A	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	DENTAL-8-17	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	10	10	DENTAL-8-20	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	10	10	DENTAL-8-20S	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	10	10	E08-12876	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	10	10	E08-12876A	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	25	25	E08-12877	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	5	5	EPSDT-04	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	125	125	EPSDT-05	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	50	50	MTP-110	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	50	50	MTP-210	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	50	50	MTP-210S	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	50	50	MTP-410	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055512	06-09-2017	10	10	MTP-510	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055513	06-09-2017	4000	4000	EPSDT-16	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000055522	06-13-2017	2000	2000	1-325	Pediatric Medical Group	1139 E Sonterra Blvd	2nd Floor Nursery/ Hearing Screen	San Antonio	78258
1000055580	06-13-2017	1200	1200	1-325	Pediatric Medical Group	2ND FLOOR NURSERY	1201 W 38TH ST	Austin	78705
1000055581	06-13-2017	600	600	1-325	Pediatric Medical Group	1401 MEDICAL PARKWAY		CEDAR PARK	78613
1000055583	06-12-2017	200	200	DENTAL-8-17	Children 1st Dental & Surg Ctr	Ste 400	3055 W Bardin Rd	Grand Prairie	75052
1000055583	06-12-2017	200	200	E08-12877	Children 1st Dental & Surg Ctr	Ste 400	3055 W Bardin Rd	Grand Prairie	75052
1000055591	06-12-2017	300	300	1-325	Pediatrics	2701 Hospital Drive	2nd Floor Nursery	Victoria	77901
1000055596	06-12-2017	350	350	DENTAL-8-17	WBCO	604 High Tech Dr		Georgetown	78626
1000055596	06-12-2017	350	350	EPSDT-05	WBCO	604 High Tech Dr		Georgetown	78626
1000055596	06-12-2017	350	350	EPSDT-08	WBCO	604 High Tech Dr		Georgetown	78626
1000055596	06-12-2017	500	500	MTP-410	WBCO	604 High Tech Dr		Georgetown	78626
1000055623	06-13-2017	25	25	1-182	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055623	06-13-2017	25	25	EPSDT-05	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055623	06-13-2017	25	25	EPSDT-08	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055623	06-13-2017	25	25	EPSDT-16	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055623	06-13-2017	25	25	MTP-110	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055624	06-14-2017	300	300	1-322	Baylor College of Medicine	1977 Butler Blvd	Suite E5.100	Houston	77030
1000055624	06-14-2017	500	500	1-323	Baylor College of Medicine	1977 Butler Blvd	Suite E5.100	Houston	77030
1000055625	06-15-2017	4000	4000	EPSDT-26	Hector Lopex DDS	4151 Jaime Zapata Mem Hwy	Ste 210	Laredo	78043
1000055628	06-14-2017	200	200	DENTAL-8-17	Children 1st Dental & Surgery Center	2690 North Galloway Avenue		Mesquite	75150
1000055628	06-14-2017	200	200	E08-12877	Children 1st Dental & Surgery Center	2690 North Galloway Avenue		Mesquite	75150
1000055630	06-14-2017	200	200	DENTAL-8-17	Children 1st Dental & Surgery Center	8545 Gulf Freeway		Houston	77017
1000055630	06-14-2017	200	200	E08-12877	Children 1st Dental & Surgery Center	8545 Gulf Freeway		Houston	77017
1000055631	06-14-2017	200	200	DENTAL-8-17	Children 1st Dental & Surgery Center	8700 South Gessner Road #200		Houston	77074
1000055631	06-14-2017	200	200	E08-12877	Children 1st Dental & Surgery Center	8700 South Gessner Road #200		Houston	77074
1000055641	06-14-2017	51	51	E03-13634	University Health System	903 W. Martin	1st floor MS-30-2	San Antonio	78207
1000055641	06-14-2017	51	51	E03-14572	University Health System	903 W. Martin	1st floor MS-30-2	San Antonio	78207
1000055646	06-14-2017	10	10	08-13373	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	200	200	DENTAL-8-17	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	10	10	DENTAL-8-20	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	10	10	DENTAL-8-20S	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	10	10	E08-12876	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	10	10	E08-12876A	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	100	100	E08-12877	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055646	06-14-2017	200	200	EPSDT-26	Family Dentist	8109 Cullen Blvd	Suite D	Houston	77051
1000055651	06-14-2017	10	10	DENTAL-8-20	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088
1000055651	06-14-2017	10	10	DENTAL-8-20S	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088
1000055651	06-14-2017	3	3	E03-13592	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088
1000055651	06-14-2017	10	10	E08-12876	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088
1000055651	06-14-2017	10	10	E08-12876A	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055651	06-14-2017	100	100	E08-12877	Sweet Family Dentistry	8301 Lakeview Pkwy	Suite 210	Rowlett	75088
1000055789	06-14-2017	200	200	1-182A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-322	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-322A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-323_0312	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-323A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-326	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-327	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	100	100	1-328	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	20	20	EPSTD-04	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	200	200	EPSTD-05	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	300	300	MTP-110	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	300	300	MTP-210	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	300	300	MTP-210S	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	300	300	MTP-410	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	200	200	MTP-410	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	3	3	MTP-610	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055789	06-14-2017	3	3	MTP-610S	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055798	06-14-2017	100	100	DENTAL-8-17	Nelly Pelayo	1023 South Main St		Duncanville	75137
1000055798	06-14-2017	6	6	DENTAL-8-20	Nelly Pelayo	1023 South Main St		Duncanville	75137
1000055798	06-14-2017	6	6	DENTAL-8-20S	Nelly Pelayo	1023 South Main St		Duncanville	75137
1000055798	06-14-2017	6	6	EPSTD-10S	Nelly Pelayo	1023 South Main St		Duncanville	75137
1000055798	06-14-2017	100	100	EPSTD-26	Nelly Pelayo	1023 South Main St		Duncanville	75137
1000054785	06-22-2017	500	500	EPSTD-08	DFPS CPS	8700 North Stemmons Freeway	Suite 104	Dallas	75247
1000055046	06-22-2017	25	25	1-182	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055046	06-22-2017	10	10	EPSTD-04	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055046	06-22-2017	25	25	EPSTD-05	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055046	06-22-2017	25	25	EPSTD-08	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055046	06-22-2017	25	25	EPSTD-16	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055046	06-22-2017	25	25	MTP-110	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055067	06-26-2017	500	500	1-182	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	DENTAL-8-17	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	7	7	EPSTD-04	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	EPSTD-05	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	EPSTD-05T	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	EPSTD-08	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	4	4	EPSTD-12	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	4	4	EPSTD-12S	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	EPSTD-16	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	EPSTD-26	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	MTP-110	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	1000	1000	MTP-210	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	1000	1000	MTP-210S	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	500	500	MTP-410	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055067	06-26-2017	7	7	MTP-510	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055070	06-22-2017	1000	1000	EPSTD-08	Aetna Better Health - Bexar	U-Haul Storage Unit	5420 Grissom Rd.	San Antonio	78238
1000055083	06-22-2017	500	500	EPSTD-08	DFPS	3610 Vine Street	Region 2 & 9	Abilene	79602
1000055083	06-22-2017	300	300	MTP-210	DFPS	3610 Vine Street	Region 2 & 9	Abilene	79602
1000055086	06-22-2017	50	50	1-182	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055086	06-22-2017	50	50	DENTAL-8-17	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055086	06-22-2017	50	50	DENTAL-8-17	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055086	06-22-2017	50	50	EPSTD-05	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055086	06-22-2017	50	50	EPSTD-08	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055087	06-22-2017	10	10	05-14010	DFPS	801 North 13th Street	Suite 23	Harlingen	78550
1000055087	06-22-2017	3000	3000	EPSTD-08	DFPS	801 North 13th Street	Suite 23	Harlingen	78550
1000055088	06-22-2017	200	200	EPSTD-05	HHSC - Region 7	MC 159-1	103 Parkhill Dr	Hamilton	76531
1000055088	06-22-2017	200	200	EPSTD-08	HHSC - Region 7	MC 159-1	103 Parkhill Dr	Hamilton	76531
1000055088	06-22-2017	200	200	EPSTD-16	HHSC - Region 7	MC 159-1	103 Parkhill Dr	Hamilton	76531

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1000055088	06-22-2017	200	200	MTP-210	HHSC - Region 7	MC 159-1	103 Parkhill Dr	Hamilton	76531
1000055088	06-22-2017	200	200	MTP-410	HHSC - Region 7	MC 159-1	103 Parkhill Dr	Hamilton	76531
1000055092	06-22-2017	400	400	DENTAL-8-17	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055092	06-22-2017	250	250	EPSDT-05	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055092	06-22-2017	50	50	EPSDT-08	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055092	06-22-2017	250	250	EPSDT-16	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055092	06-22-2017	400	400	MTP-210	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055092	06-22-2017	300	300	MTP-410	HHSC - Region 4	185-1	502 E. Pine St.	Jacksonville	75766
1000055098	06-26-2017	1500	1500	1-182	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	300	300	1-182A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	200	200	1-220	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	200	200	1-221	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	50	50	1-338	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	50	50	1-338A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	500	500	DENTAL-8-17	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	1500	1500	EPSDT-05	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	300	300	EPSDT-05A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	1500	1500	EPSDT-05T	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	1500	1500	EPSDT-08	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	300	300	EPSDT-08A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	1500	1500	EPSDT-16	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	300	300	EPSDT-16A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	500	500	EPSDT-16T	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	3000	3000	MTP-110	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	1500	1500	MTP-210	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	800	800	MTP-210S	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055098	06-26-2017	500	500	MTP-410	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055102	06-26-2017	25	25	05-12258	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	100	100	05-13572	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	100	100	05-13581	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	05-13598	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	05-13599	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	50	50	05-13684	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	10	10	05-13916	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	10	10	05-14010	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	1-323	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	1-323A	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	1-326	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	50	50	1-327	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	20	20	1-334	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	50	50	1-335	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	50	50	1-336	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	100	100	1-337	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	200	200	1-342	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	200	200	1-343	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	50	50	DENTAL-8-17	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	10	10	DENTAL-8-20	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	10	10	DENTAL-8-20S	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	25	25	E08-12876	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	25	25	E08-12876A	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	100	100	E08-12877	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	EPSDT-04	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	EPSDT-05	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	EPSDT-05T	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	150	150	EPSDT-16T	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055102	06-26-2017	175	175	EPSDT-26	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055130	06-22-2017	200	200	E08-12877	DSHS	1301 S Bowen Road	MC 1905 Ste 200	Arlington	76013
1000055138	06-22-2017	9	9	EPSDT-04	HHSC - Region 10	MC 053-1	6621 Doniphan Dr	Canutillo	79835

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1000055138	06-22-2017	500	500	EPSDT-05	HHSC - Region 10	MC 053-1	6621 Doniphan Dr	Canutillo	79835
1000055138	06-22-2017	500	500	EPSDT-08	HHSC - Region 10	MC 053-1	6621 Doniphan Dr	Canutillo	79835
1000055154	06-26-2017	500	500	DENTAL-8-17	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	4	4	EPSDT-04	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	500	500	EPSDT-05	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	200	200	EPSDT-05T	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	500	500	EPSDT-08	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	500	500	EPSDT-16	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	200	200	EPSDT-16T	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	200	200	EPSDT-25	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	200	200	EPSDT-26	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055154	06-26-2017	500	500	MTP-110	HHSC - Region 8	MC 257-1	1009 N. Oak	Pearsall	78061
1000055156	06-22-2017	500	500	1-220	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	500	500	1-221	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	60	60	EPSDT-04	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	500	500	EPSDT-05	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	500	500	EPSDT-08	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	500	500	EPSDT-16	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	500	500	MTP-110	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055156	06-22-2017	60	60	MTP-510	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055166	06-26-2017	10	10	05-13916	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	10	10	05-14010	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	100	100	08-13373	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	1-182	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	1-220	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	EPSDT-04	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	EPSDT-05	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	EPSDT-05T	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	EPSDT-08	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	10	10	EPSDT-10	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	10	10	EPSDT-10S	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	10	10	EPSDT-12	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	10	10	EPSDT-12S	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	MTP-110	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	MTP-210	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	MTP-210S	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	300	300	MTP-410	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	100	100	MTP-510	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	3	3	MTP-610	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055166	06-26-2017	3	3	MTP-610S	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055215	06-23-2017	25	25	EPSDT-04	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	250	250	EPSDT-05	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	250	250	EPSDT-08	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-10	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-10S	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-12	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-12S	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-13	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-13S	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	EPSDT-15	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	250	250	EPSDT-16	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	2	2	MTP-310	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055215	06-23-2017	8	8	MTP-510	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055265	06-26-2017	5	5	05-12258	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	5	5	05-13572	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	150	150	05-13599	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	3000	3000	1-182	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	200	200	1-182A	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759



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1000055265	06-26-2017	100	100	1-335	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	4000	4000	DENTAL-8-17	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	10	10	EPSDT-04	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	4000	4000	EPSDT-05	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	200	200	EPSDT-05A	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	4000	4000	EPSDT-05T	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	500	500	EPSDT-08	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	100	100	EPSDT-08A	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	4000	4000	EPSDT-16	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	150	150	EPSDT-16A	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	5000	5000	EPSDT-16T	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	500	500	EPSDT-25	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	5000	5000	EPSDT-26	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	1500	1500	MTP-210	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	1500	1500	MTP-210S	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055265	06-26-2017	3000	3000	MTP-410	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055336	06-23-2017	10	10	05-13916	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	10	10	05-14010	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	100	100	1-220	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	100	100	1-221	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	200	200	E08-12877	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	200	200	EPSDT-04	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	400	400	EPSDT-08	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	400	400	MTP-110	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	500	500	MTP-210	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	500	500	MTP-410	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055336	06-23-2017	200	200	MTP-510	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055471	06-22-2017	2000	2000	EPSDT-08	DFPS	4501 General Bruce Drive		Temple	76502
1000055471	06-22-2017	2000	2000	EPSDT-08A	DFPS	4501 General Bruce Drive		Temple	76502
1000055472	06-26-2017	500	500	DENTAL-8-17	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	10	10	EPSDT-04	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-05	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-05T	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-08	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-16	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-16T	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	EPSDT-26	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	MTP-110	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	MTP-210	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	250	250	MTP-210S	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	500	500	MTP-410	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055472	06-26-2017	10	10	MTP-510	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000055485	06-22-2017	100	100	1-335	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055485	06-22-2017	100	100	1-336	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055485	06-22-2017	10	10	DENTAL-8-20	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055485	06-22-2017	10	10	DENTAL-8-20S	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055485	06-22-2017	300	300	EPSDT-16T	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055523	06-22-2017	500	500	EPSDT-25	Seton Health Plan	4515 Seton Center Parkway Dr Suite 310		Austin	78759
1000055574	06-22-2017	200	200	EPSDT-05	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055574	06-22-2017	200	200	EPSDT-08	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055574	06-22-2017	200	200	EPSDT-16	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055574	06-22-2017	200	200	MTP-210	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055574	06-22-2017	200	200	MTP-210S	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055574	06-22-2017	200	200	MTP-410	HHSC - Region 3	129-4	7450 John T. White	Fort Worth	76120
1000055597	06-22-2017	100	100	1-182	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702
1000055597	06-22-2017	100	100	EPSDT-05	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702
1000055597	06-22-2017	100	100	EPSDT-08	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702
1000055597	06-22-2017	100	100	EPSDT-16	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702



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1000055597	06-22-2017	100	100	MTP-110	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702
1000055626	06-22-2017	7	7	EPSDT-04	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	1500	1500	EPSDT-05	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	1500	1500	EPSDT-08	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	1500	1500	EPSDT-16	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	1500	1500	MTP-210	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	1500	1500	MTP-210S	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055626	06-22-2017	2	2	MTP-310	HHSC - Region 6	384-1	123 Rosenberg 5th floor	Galveston	77550
1000055647	06-26-2017	100	100	DENTAL-8-17	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	50	50	EPSDT-04	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	300	300	EPSDT-05	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	300	300	EPSDT-05T	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	500	500	EPSDT-08	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	500	500	EPSDT-16	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	500	500	EPSDT-16T	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	500	500	MTP-110	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055647	06-26-2017	100	100	MTP-510	HHSC - Region 11	160-4	801 N. 13th Street Suite 19	Harlingen	78552
1000055819	06-22-2017	50	50	EPSDT-04	HHSC - Region 11	MC 108-6	2520 N Closner	Edinburg	78541
1000055819	06-22-2017	1000	1000	EPSDT-08	HHSC - Region 11	MC 108-6	2520 N Closner	Edinburg	78541
1000055819	06-22-2017	1000	1000	EPSDT-26	HHSC - Region 11	MC 108-6	2520 N Closner	Edinburg	78541
1000055855	06-27-2017	5	5	05-12258	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	250	250	05-13598	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	1000	1000	05-13599	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	5000	5000	1-182	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	4000	4000	1-322	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	4000	4000	1-322A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	4000	4000	1-323	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	4000	4000	1-323A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	250	250	1-327	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	8000	8000	DENTAL-8-17	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	8000	8000	EPSDT-05	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	2000	2000	EPSDT-05A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	12000	12000	EPSDT-05T	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	5000	5000	EPSDT-16	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	1000	1000	EPSDT-16A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	8000	8000	EPSDT-16T	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	2000	2000	MTP-210	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	2000	2000	MTP-210S	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055855	06-27-2017	3000	3000	MTP-410	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055881	06-19-2017	2	2	05-13916	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055881	06-19-2017	2	2	05-14010	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055881	06-19-2017	100	100	1-182	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055881	06-19-2017	25	25	1-182A	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055896	06-19-2017	500	500	1-325	Pediatric Medical Group	5th Floor- The Family Place Hearing Screen	7600 Beechnut	Houston	77074
1000055901	06-22-2017	400	400	EPSDT-08	DFPS	MC 362-2	2525 Murworth	Houston	77054
1000055903	06-19-2017	10	10	08-13373	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	1000	1000	DENTAL-8-17	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	0	0	E03-13592	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	10	10	E03-13592	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	1000	1000	EPSDT-26	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	1000	1000	MTP-110	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	1000	1000	MTP-410	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	3	3	MTP-610	Avion Dental	1023 South Main St		Duncanville	75137
1000055903	06-19-2017	3	3	MTP-610S	Avion Dental	1023 South Main St		Duncanville	75137
1000055904	06-19-2017	200	200	1-325	Sierra Providence Teen Ctr	Ste 120	8899 Alameda	El Paso	79907
1000055904	06-19-2017	200	200	DENTAL-8-17	Sierra Providence Teen Ctr	Ste 120	8899 Alameda	El Paso	79907
1000055904	06-19-2017	200	200	EPSDT-05	Sierra Providence Teen Ctr	Ste 120	8899 Alameda	El Paso	79907
1000055907	06-22-2017	600	600	EPSDT-05	HHSC - Region 6	818-5	2702 Cherrybrook Lane	Pasadena	77502

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1000055907	06-22-2017	600	600	EPSTD-08	HHSC - Region 6	818-5	2702 Cherrybrook Lane	Pasadena	77502
1000055907	06-22-2017	600	600	EPSTD-16	HHSC - Region 6	818-5	2702 Cherrybrook Lane	Pasadena	77502
1000055911	06-19-2017	10	10	05-12258	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	300	300	05-13684	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	05-13916	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	05-14010	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	500	500	1-182	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	1-182A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	E03-13634	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	E03-14572	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	E08-12876	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	E08-12876A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	EPSTD-04	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	EPSTD-08	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	EPSTD-08A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	20	20	EPSTD-13	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	20	20	EPSTD-13S	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	EPSTD-15	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	EPSTD-15A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	EPSTD-15S	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	50	50	MTP-110	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	50	50	MTP-210	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	MTP-210S	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	25	25	MTP-310	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	50	50	MTP-410	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	10	10	MTP-510	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	3	3	MTP-610	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055911	06-19-2017	3	3	MTP-610S	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055937	06-19-2017	1000	1000	1-323	C/O Ears and Hearing	6711 9th Street		Lubbock	79416
1000055937	06-19-2017	1000	1000	1-325	C/O Ears and Hearing	6711 9th Street		Lubbock	79416
1000055938	06-23-2017	5	5	05-12258	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	5	5	05-13572	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	100	100	05-13599	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	100	100	1-182	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	250	250	1-182	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	100	100	1-221	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	100	100	1-335	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	500	500	EPSTD-08	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	500	500	EPSTD-08A	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	500	500	EPSTD-25	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	40	40	MTP-510	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055983	06-22-2017	100	100	1-182	DFPS	801 North 13th St		Harlingen	78550
1000055983	06-22-2017	3000	3000	EPSTD-08	DFPS	801 North 13th St		Harlingen	78550
1000055983	06-22-2017	100	100	EPSTD-16	DFPS	801 North 13th St		Harlingen	78550
1000055984	06-19-2017	1800	1800	1-325	Mednax	6200 Parker Rd	4th floor Nursery	Plano	75093
1000055986	06-22-2017	2000	2000	DENTAL-8-17	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	2000	2000	EPSTD-05	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	500	500	EPSTD-08	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	500	500	EPSTD-16	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	1000	1000	EPSTD-16T	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	1000	1000	EPSTD-26	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055986	06-22-2017	5000	5000	MTP-110	Driscoll Health Plan	615 N. Upper Broadway, Ste. 200-A		Corpus Christi	78401
1000055987	06-22-2017	200	200	1-182	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	EPSTD-04	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	EPSTD-05	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	EPSTD-08	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	EPSTD-16	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	MTP-110	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051

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1000055987	06-22-2017	200	200	MTP-210	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055987	06-22-2017	200	200	MTP-510_0812	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055990	06-23-2017	5	5	05-12258	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	5	5	05-13572	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	5	5	05-13581	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	50	50	05-13597	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	250	250	05-13598	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	05-13599	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	1-182	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	1-322	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	1-323	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	1-326	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	250	250	1-327	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	100	100	1-334	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	100	100	1-335	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	100	100	1-336	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	EPSDT-16	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	EPSDT-16T	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	EPSDT-25	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	EPSDT-26	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	MTP-110	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	5	5	MTP-310	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	500	500	MTP-410	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	40	40	MTP-510	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055992	06-22-2017	100	100	1-182	HHSC - Region 4	254-1	330 E. Spring St Suite D	Palestine	75801
1000055992	06-22-2017	100	100	EPSDT-05	HHSC - Region 4	254-1	330 E. Spring St Suite D	Palestine	75801
1000055992	06-22-2017	100	100	MTP-110	HHSC - Region 4	254-1	330 E. Spring St Suite D	Palestine	75801
1000055992	06-22-2017	100	100	MTP-410	HHSC - Region 4	254-1	330 E. Spring St Suite D	Palestine	75801
1000056005	06-22-2017	40	40	EPSDT-04	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056005	06-22-2017	8000	8000	EPSDT-05	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056005	06-22-2017	500	500	EPSDT-08	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056005	06-22-2017	8000	8000	MTP-110	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056005	06-22-2017	5	5	MTP-310	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056005	06-22-2017	40	40	MTP-510	RightCare - Scott & White Health	MS-A-4-144	1206 West Campus Drive	Temple	76502
1000056010	06-20-2017	500	500	1-182	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	100	100	EPSDT-04	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	500	500	EPSDT-05	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	500	500	EPSDT-08	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	500	500	EPSDT-16	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	500	500	MTP-110	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056010	06-20-2017	100	100	MTP-510_0812	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056011	06-21-2017	500	500	1-182	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	100	100	EPSDT-04	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	500	500	EPSDT-05	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	500	500	EPSDT-08	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	500	500	EPSDT-16	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	500	500	MTP-110	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056011	06-21-2017	100	100	MTP-510_0812	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056012	06-23-2017	500	500	1-182	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	4000	4000	DENTAL-8-17	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	4000	4000	EPSDT-05	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	500	500	EPSDT-08	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	500	500	EPSDT-16	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	500	500	EPSDT-16T	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	500	500	EPSDT-25	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	8000	8000	MTP-110	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	3000	3000	MTP-210	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	300	300	MTP-210S	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741



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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000056012	06-23-2017	5	5	MTP-310	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056012	06-23-2017	3000	3000	MTP-410	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056020	06-20-2017	100	100	1-323	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056020	06-20-2017	25	25	1-323A	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056020	06-20-2017	25	25	1-327	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056020	06-20-2017	200	200	1-338	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056020	06-20-2017	50	50	1-338A	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056020	06-20-2017	200	200	DENTAL-8-17	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056025	06-20-2017	200	200	DENTAL-8-17	CentroMed Southside Dental	3750 Commercial Avenue		San Antonio	78221
1000056025	06-20-2017	1	1	DENTAL-8-20	CentroMed Southside Dental	3750 Commercial Avenue		San Antonio	78221
1000056025	06-20-2017	1	1	DENTAL-8-20S	CentroMed Southside Dental	3750 Commercial Avenue		San Antonio	78221
1000056025	06-20-2017	200	200	E08-12877	CentroMed Southside Dental	3750 Commercial Avenue		San Antonio	78221
1000056025	06-20-2017	200	200	EPSTD-26	CentroMed Southside Dental	3750 Commercial Avenue		San Antonio	78221
1000056037	06-20-2017	10	10	05-13916	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	100	100	1-221	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	200	200	EPSTD-05T	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	250	250	EPSTD-08	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	250	250	EPSTD-08A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	200	200	EPSTD-16	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	200	200	EPSTD-16A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056037	06-20-2017	200	200	EPSTD-16T	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056047	06-20-2017	600	600	1-325	C/O Ears and Hearing	122 Saddlebrook Dr.		San Antonio	78245
1000056064	06-20-2017	75	75	DENTAL-8-17	WBCO	604 High Tech Dr		Georgetown	78626
1000056064	06-20-2017	75	75	EPSTD-05	WBCO	604 High Tech Dr		Georgetown	78626
1000056064	06-20-2017	100	100	EPSTD-08	WBCO	604 High Tech Dr		Georgetown	78626
1000056064	06-20-2017	30	30	MTP-310	WBCO	604 High Tech Dr		Georgetown	78626
1000056095	06-20-2017	800	800	1-325	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nursery	Houston	77024
1000056095	06-20-2017	300	300	1-327	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nursery	Houston	77024
1000056095	06-20-2017	300	300	1-328	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nursery	Houston	77024
1000056096	06-20-2017	600	600	1-325	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056096	06-20-2017	150	150	1-327	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056096	06-20-2017	100	100	1-328	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056096	06-20-2017	150	150	MTP-210	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056096	06-20-2017	150	150	MTP-210S	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056098	06-20-2017	400	400	1-325	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056098	06-20-2017	100	100	1-327	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056098	06-20-2017	100	100	1-328	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056098	06-20-2017	100	100	MTP-210	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056098	06-20-2017	100	100	MTP-210S	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056106	06-20-2017	100	100	1-182	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	100	100	DENTAL-8-17	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	100	100	EPSTD-05	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	10	10	EPSTD-05T	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	100	100	EPSTD-08	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	100	100	EPSTD-16	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	10	10	EPSTD-16T	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	10	10	EPSTD-26	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056106	06-20-2017	120	120	MTP-110	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056115	06-26-2017	100	100	1-182	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	500	500	1-182A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	1000	1000	1-220	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	200	200	1-338	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	200	200	1-338A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	200	200	DENTAL-8-17	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	50	50	EPSTD-04	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	100	100	EPSTD-05A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	100	100	EPSTD-05T	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	100	100	EPSTD-08	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415

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1000056115	06-26-2017	100	100	EPSTD-08A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-10	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-10S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-12	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-12S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-13	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-13S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-15	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-15A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	EPSTD-15S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	500	500	EPSTD-16	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	2000	2000	EPSTD-16A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	500	500	EPSTD-16T	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	500	500	EPSTD-25	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	1000	1000	EPSTD-26	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	3000	3000	MTP-110	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	3000	3000	MTP-210	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	3000	3000	MTP-210S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	4	4	MTP-310	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	500	500	MTP-410	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056115	06-26-2017	50	50	MTP-510	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	10	10	05-13916	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	10	10	05-14010	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	100	100	1-182	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	100	100	1-220	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	100	100	1-221	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	10	10	EPSTD-15	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	10	10	EPSTD-15A	Exserted Service LLC	6347 Austinville		Katy	77449
1000056118	06-20-2017	10	10	EPSTD-15S	Exserted Service LLC	6347 Austinville		Katy	77449
1000056170	06-22-2017	250	250	1-182	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	50	50	EPSTD-04	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	250	250	EPSTD-05	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	250	250	EPSTD-08	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	250	250	EPSTD-16	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	250	250	MTP-110	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056170	06-22-2017	10	10	MTP-510	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056194	06-22-2017	100	100	EPSTD-05	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	100	100	EPSTD-05T	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	500	500	EPSTD-08	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	100	100	EPSTD-16	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	100	100	EPSTD-16T	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	400	400	EPSTD-25	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	500	500	MTP-110	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	500	500	MTP-210	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056194	06-22-2017	500	500	MTP-210S	Community Health Choice	Ste 800	2636 South Loop West	Houston	77054
1000056346	06-26-2017	100	100	1-182	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	500	500	1-182A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	1000	1000	1-220	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	200	200	1-338	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	200	200	1-338A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	200	200	DENTAL-8-17	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	50	50	EPSTD-04	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	100	100	EPSTD-05A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	100	100	EPSTD-05T	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	100	100	EPSTD-08	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	100	100	EPSTD-08A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-10	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-10S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411

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1000056346	06-26-2017	4	4	EPSTD-12	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-12S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-13	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-13S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-15	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-15A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	EPSTD-15S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	500	500	EPSTD-16	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	2000	2000	EPSTD-16A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	500	500	EPSTD-16T	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	500	500	EPSTD-25	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	1000	1000	EPSTD-26	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	3000	3000	MTP-110	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	3000	3000	MTP-210	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	3000	3000	MTP-210S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	4	4	MTP-310	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	500	500	MTP-410	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056346	06-26-2017	50	50	MTP-510	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056417	06-23-2017	400	400	1-325	Pediatric Medical Group	901 W Ben White Blvd	2nd floor Nursery	Austin	78704
1000056469	06-23-2017	20	20	E03-13634	TTU	800 W 4th Street		Odessa	79761
1000056469	06-23-2017	20	20	E03-14572	TTU	800 W 4th Street		Odessa	79761
1000056506	06-23-2017	2100	2100	1-182	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	300	300	1-220	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	300	300	1-221	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	2100	2100	DENTAL-8-17	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	2100	2100	EPSTD-05	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	2100	2100	EPSTD-08	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	2100	2100	EPSTD-16	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056506	06-23-2017	2100	2100	MTP-410	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056507	06-26-2017	100	100	E03-13634	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056507	06-26-2017	50	50	E03-14572	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056507	06-26-2017	100	100	EPSTD-25	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056507	06-26-2017	100	100	MTP-210	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056507	06-26-2017	100	100	MTP-210S	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056729	06-26-2017	100	100	1-322	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	50	50	1-322A	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	25	25	1-323 0312	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	75	75	1-323 0312	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	50	50	1-323A	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	100	100	1-325	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056730	06-26-2017	200	200	1-325	Mednax	411 N Belknap St	Nursery	Stephenville	76401
1000056730	06-26-2017	25	25	1-342	Mednax	411 N Belknap St	Nursery	Stephenville	76401
1000056731	06-26-2017	200	200	DENTAL-8-17	LSCC	2411 Williams Dr	Ste 111	Georgetown	78628
1000056731	06-26-2017	200	200	E08-12877	LSCC	2411 Williams Dr	Ste 111	Georgetown	78628
1000056767	06-26-2017	10	10	08-13373	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	200	200	DENTAL-8-17	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	DENTAL-8-20	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	DENTAL-8-20S	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	E03-13591	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	E03-13592	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	E03-13593	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	5	5	E03-13634	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	E08-12876	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	E08-12876A	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	200	200	E08-12877	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	EPSTD-04	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	100	100	EPSTD-05	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	EPSTD-10	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000056767	06-26-2017	10	10	EPSDT-10S	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	100	100	MTP-210	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	100	100	MTP-210S	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	20	20	MTP-310	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056767	06-26-2017	10	10	MTP-510	Arcade Dental	8001 South Jackson Rd	Suite 4	Pharr	78577
1000056770	06-26-2017	500	500	1-182	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	10	10	EPSDT-04	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	500	500	EPSDT-05	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	500	500	EPSDT-08	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	500	500	EPSDT-16	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	500	500	MTP-110	HHSC	214 N Travis St		Granbury	76048
1000056770	06-26-2017	10	10	MTP-510	HHSC	214 N Travis St		Granbury	76048
1000056977	06-29-2017	10	10	05-13572	Unique Kare Children Services	1236 Rocky Road		Uhlend	78640
1000056977	06-29-2017	75	75	1-182	Unique Kare Children Services	1236 Rocky Road		Uhlend	78640
1000056977	06-29-2017	25	25	1-323A	Unique Kare Children Services	1236 Rocky Road		Uhlend	78640
1000057023	06-29-2017	200	200	1-325	Pediatric Medical Group	3333 North Foster Maldonado Blvd		Eagle Pass	78852
1000057025	06-29-2017	500	500	1-325	Pediatric Med Group/Nursery	100-A Alton Gloor Blvd	Attn Karen Rhodes/Hearing Screen	Brownsville	78526
1000057043	06-29-2017	500	500	1-325	Pediatric Med Grp/Post Partum	1600 11th St		Wichita Falls	76301
1000057047	06-29-2017	1000	1000	1-323	C/O Ears and Hearing	122 Saddlebrook Dr.		San Antonio	78245
1000057062	06-29-2017	200	200	DENTAL-8-17	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	5	5	E03-13591	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	5	5	E03-13592	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	5	5	E03-13593	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	1	1	E08-12876	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	1	1	E08-12876A	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	200	200	E08-12877	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	2	2	EPSDT-10	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	2	2	EPSDT-10S	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	200	200	EPSDT-26	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	2	2	MTP-310	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057062	06-29-2017	200	200	MTP-410	Rio Grande Valley Childrens Dentistry	413 West Sam Houston		Pharr	78577
1000057150	07-03-2017	600	600	1-325 0317	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000057153	07-03-2017	1000	1000	1-325 0317	Pediatric Medical Group	7600 Fannin 4th Fl. E Nursery		Houston	77054
1000057200	07-03-2017	600	600	1-325 0317	Pediatric Medical Group	919 E. 32nd ST	3rd Floor Nursery-Hearing Screen	Austin	78705
1000057214	07-10-2017	300	300	1-325 0317	Pediatric Medical Group	11212 State Highway 151	1st Floor Mother Baby Unit	San Antonio	78251
1000057218	07-10-2017	200	200	1-325 0317	TRMC	2001 N Jefferson St		Mt Pleasant	75455
1000057220	07-10-2017	3000	3000	1-325 0317	Memorial Herman Hospital	6411 Fannin	H696	Houston	77030
1000057221	07-10-2017	300	300	1-325 0317	Edinburg Regional Medical Hosp	1102 W Trenton Rd		Edinburg	78539
1000057273	07-10-2017	1000	1000	1-325 0317	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057529	07-11-2017	400	400	1-325 0317	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057530	07-11-2017	300	300	1-325 0317	Methodist Charton	3500 W Wheatland Rd		Dallas	75237
1000056776	07-03-2017	100	100	EPSDT-05	HHSC - Region 5	186-1	928 Marvin Hancock Dr. Suite A	Jasper	75951
1000056776	07-03-2017	100	100	EPSDT-08	HHSC - Region 5	186-1	928 Marvin Hancock Dr. Suite A	Jasper	75951
1000056776	07-03-2017	100	100	EPSDT-16	HHSC - Region 5	186-1	928 Marvin Hancock Dr. Suite A	Jasper	75951
1000056776	07-03-2017	100	100	MTP-110	HHSC - Region 5	186-1	928 Marvin Hancock Dr. Suite A	Jasper	75951
1000056950	07-03-2017	500	500	EPSDT-05	DFPS	MC 278-5	3635 S E Military Dr	San Antonio	78223
1000056950	07-03-2017	500	500	EPSDT-08	DFPS	MC 278-5	3635 S E Military Dr	San Antonio	78223
1000056950	07-03-2017	1	1	EPSDT-12	DFPS	MC 278-5	3635 S E Military Dr	San Antonio	78223
1000057070	07-03-2017	25	25	1-182	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057070	07-03-2017	25	25	EPSDT-05	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057070	07-03-2017	25	25	EPSDT-08	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057070	07-03-2017	25	25	EPSDT-16	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057070	07-03-2017	25	25	MTP-110	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057101	07-05-2017	2	2	DENTAL-8-20	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057101	07-05-2017	2	2	DENTAL-8-20S	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057101	07-05-2017	1	1	E03-13592	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057101	07-05-2017	50	50	MTP-210	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057101	07-05-2017	50	50	MTP-210S	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450



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1000057101	07-05-2017	1	1	MTP-610	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057101	07-05-2017	1	1	MTP-610S	GLEN R GINTER INC	21830 KINGSLAND BLVD	SUITE #104	KATY	77450
1000057106	07-03-2017	500	500	EPSDT-08	DFPS	MC 0138	1200 East Copeland Road	Arlington	76011
1000057109	07-03-2017	300	300	1-182	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	6	6	EPSDT-04	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	300	300	EPSDT-05	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	300	300	EPSDT-08	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	300	300	EPSDT-16	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	300	300	MTP-110	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	300	300	MTP-210	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057109	07-03-2017	6	6	MTP-510	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057110	07-03-2017	50	50	MTP-210	Pediatric Medical Group	Hearing Screening Room-Nursery	10655 Steepletop Dr	Houston	77065
1000057110	07-03-2017	50	50	MTP-210S	Pediatric Medical Group	Hearing Screening Room-Nursery	10655 Steepletop Dr	Houston	77065
1000057126	07-03-2017	200	200	E08-12877	Imagine Dental	3507 Jaime Zapata Memorial Hwy	Suite 3	Laredo	78043
1000057149	07-03-2017	100	100	1-182	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057149	07-03-2017	100	100	EPSDT-05	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057149	07-03-2017	100	100	EPSDT-08	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057149	07-03-2017	100	100	EPSDT-16	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057149	07-03-2017	100	100	MTP-110	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057149	07-03-2017	100	100	MTP-210	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057220	07-10-2017	50	50	1-343	Memorial Herman Hospital	6411 Fannin	H696	Houston	77030
1000057222	07-10-2017	5	5	E08-12876	Pecan Dental	710 S Cage	Suite A	Pharr	78577
1000057222	07-10-2017	5	5	E08-12876A	Pecan Dental	710 S Cage	Suite A	Pharr	78577
1000057273	07-10-2017	1000	1000	1-323	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057273	07-10-2017	25	25	1-327	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057273	07-10-2017	1	1	1-336	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057273	07-10-2017	5	5	1-337	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057289	07-11-2017	800	800	EPSDT-05	DFPS	801 North 13th Street, Ste. 23		Harlingen	78550
1000057289	07-11-2017	500	500	EPSDT-08	DFPS	801 North 13th Street, Ste. 23		Harlingen	78550
1000057290	07-11-2017	800	800	EPSDT-05	DFPS	1060 MacIntosh		Brownsville	78520
1000057290	07-11-2017	500	500	EPSDT-08	DFPS	1060 MacIntosh		Brownsville	78520
1000057310	07-10-2017	200	200	DENTAL-8-17	Los Barrios Unidos Community Cln	809 Singleton Blvd		Dallas	75212
1000057310	07-10-2017	300	300	EPSDT-26	Los Barrios Unidos Community Cln	809 Singleton Blvd		Dallas	75212
1000057342	07-10-2017	100	100	1-182	American Legion Post 578	7811 Greens Road		Humble	77396
1000057342	07-10-2017	10	10	E03-13634	American Legion Post 578	7811 Greens Road		Humble	77396
1000057342	07-10-2017	10	10	E03-14572	American Legion Post 578	7811 Greens Road		Humble	77396
1000057342	07-10-2017	10	10	MTP-510	American Legion Post 578	7811 Greens Road		Humble	77396
1000057400	07-10-2017	10	10	05-13572	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	1-182	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	1-220	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	100	100	1-328	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	DENTAL-8-17	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	10	10	DENTAL-8-20	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	10	10	DENTAL-8-20S	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	EPSDT-05	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	EPSDT-08	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	MTP-110	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	MTP-210	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	75	75	MTP-210S	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	10	10	MTP-510	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	1	1	MTP-610	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057400	07-10-2017	1	1	MTP-610S	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057529	07-11-2017	300	300	1-323	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057529	07-11-2017	400	400	1-326	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057529	07-11-2017	400	400	1-327	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057530	07-11-2017	300	300	1-323	Methodist Charton	3500 W Wheatland Rd		Dallas	75237
1000057607	07-11-2017	500	500	1-182	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057607	07-11-2017	500	500	1-220	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229

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1000057607	07-11-2017	500	500	1-221	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057607	07-11-2017	200	200	MTP-110	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057607	07-11-2017	50	50	MTP-510	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057629	07-11-2017	1000	1000	1-325 0317	MAXIMUS	4000 S IH 35		Austin	78704
1000057676	07-14-2017	10	10	E03-14572	San Antonio Pediatric Assoc	315 N San Saba #1075		San Antonio	78207
1000057692	07-14-2017	10	10	DENTAL-8-20	South Texas Dental	6300 West Loop South	Suite 650	Bellaire	77401
1000057692	07-14-2017	10	10	DENTAL-8-20S	South Texas Dental	6300 West Loop South	Suite 650	Bellaire	77401
1000057692	07-14-2017	10	10	E03-13591	South Texas Dental	6300 West Loop South	Suite 650	Bellaire	77401
1000057692	07-14-2017	10	10	E03-13592	South Texas Dental	6300 West Loop South	Suite 650	Bellaire	77401
1000057692	07-14-2017	10	10	E03-13593	South Texas Dental	6300 West Loop South	Suite 650	Bellaire	77401
1000057695	07-14-2017	400	400	1-325 0317	Pediatric Med Group Newborn	800 W Randall Mill Road	1st Floor	Arlington	76012
1000057711	07-14-2017	20	20	EPSTD-04	HHSC	1421 Little York		Houston	77093
1000057711	07-14-2017	25	25	EPSTD-05	HHSC	1421 Little York		Houston	77093
1000057711	07-14-2017	25	25	EPSTD-08	HHSC	1421 Little York		Houston	77093
1000057711	07-14-2017	25	25	EPSTD-16	HHSC	1421 Little York		Houston	77093
1000057711	07-14-2017	25	25	MTP-110	HHSC	1421 Little York		Houston	77093
1000057712	07-14-2017	200	200	MTP-110	Case Management	3000 N I35		Denton	76201
1000057712	07-14-2017	200	200	MTP-210	Case Management	3000 N I35		Denton	76201
1000057712	07-14-2017	200	200	MTP-210S	Case Management	3000 N I35		Denton	76201
1000057713	07-14-2017	100	100	1-182	Circle of Care	5333 Everhart Rd	Ste 150-B	Corpus Christi	78411
1000057713	07-14-2017	100	100	EPSTD-08	Circle of Care	5333 Everhart Rd	Ste 150-B	Corpus Christi	78411
1000057713	07-14-2017	10	10	EPSTD-12	Circle of Care	5333 Everhart Rd	Ste 150-B	Corpus Christi	78411
1000057713	07-14-2017	10	10	EPSTD-13	Circle of Care	5333 Everhart Rd	Ste 150-B	Corpus Christi	78411
1000057715	07-14-2017	25	25	DENTAL-8-17	Accesshealth	10435 Greenbough Drive	#300	Stafford	77477
1000057715	07-14-2017	25	25	E08-12877	Accesshealth	10435 Greenbough Drive	#300	Stafford	77477
1000057715	07-14-2017	25	25	EPSTD-26	Accesshealth	10435 Greenbough Drive	#300	Stafford	77477
1000057734	07-14-2017	500	500	1-325 0317	Pediatric Hearing Screen Dept	2831 E. President George Bush Highway	Suite PostPartum/Hearing Screen	Richardson	75082
1000057735	07-14-2017	500	500	1-325 0317	PediatricHearingScreen	6800 Scenic Dr	Suite 2ndFL Maternity/HearingScreen	Rowlett	75088
1000057736	07-14-2017	500	500	1-325 0317	Pediatric Hearing Screen	9440 Poppy Dr	5th Floor; PostPartum/HearingScreen	Dallas	75218
1000057738	07-14-2017	600	600	1-325 0317	C/O Ears and Hearing	1916 Country Brook		Weatherford	76086
1000057740	07-17-2017	1000	1000	1-182	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057740	07-17-2017	50	50	EPSTD-04	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057740	07-17-2017	1000	1000	EPSTD-05	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057740	07-17-2017	1000	1000	EPSTD-08	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057740	07-17-2017	1000	1000	EPSTD-16	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057740	07-17-2017	100	100	MTP-510	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057790	07-17-2017	20	20	E03-13634	TTU	800 W 4th Street		Odessa	79761
1000057790	07-17-2017	20	20	E03-14572	TTU	800 W 4th Street		Odessa	79761
1000057830	07-19-2017	20	20	E03-13634	Upbring Foster In Texas	6300 Ridglea Place	Suite 100	Fort Worth	76116
1000057856	07-19-2017	100	100	1-323	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057856	07-19-2017	100	100	1-323A	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057856	07-19-2017	200	200	1-325 0317	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057868	07-19-2017	2	2	E03-13591	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	2	2	E03-13592	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	2	2	E03-13593	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	E08-12877	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	EPSTD-08	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	EPSTD-08A	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	MTP-110	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	MTP-210	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	MTP-210S	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	3	3	MTP-310	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	25	25	MTP-410	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	1	1	MTP-610	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057868	07-19-2017	1	1	MTP-610S	Galveston County Health District	9850 C Emmett F Lowry Expy	St C103	Texas City	77591
1000057869	07-19-2017	200	200	DENTAL-8-17	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	DENTAL-8-20	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	DENTAL-8-20S	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000057869	07-19-2017	10	10	E03-13591	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	E03-13592	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	E03-13593	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	200	200	E08-12877	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	200	200	EPSTD-05	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	EPSTD-10	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	EPSTD-10S	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	EPSTD-13	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057869	07-19-2017	10	10	EPSTD-13S	Medico M.D.	1200 W. Walnut Hill Lane	Suite 3950	Irving	75038
1000057875	07-19-2017	800	800	1-325 0317	Med Ctr Arlington	Nursery 3rd Floor	3301 Matlock Rd	Arlington	76015
1000057876	07-19-2017	300	300	1-325 0317	Medical City las Colinas	6800 N. Macarthur Blvd	3rd floor nursery	Irving	75039
1000057883	07-19-2017	250	250	1-182	DSHS	324 Yapaco		Gilmer	75644
1000057883	07-19-2017	250	250	1-220	DSHS	324 Yapaco		Gilmer	75644
1000057883	07-19-2017	250	250	1-221	DSHS	324 Yapaco		Gilmer	75644
1000057883	07-19-2017	200	200	MTP-210	DSHS	324 Yapaco		Gilmer	75644
1000057883	07-19-2017	50	50	MTP-210S	DSHS	324 Yapaco		Gilmer	75644
1000057883	07-19-2017	250	250	MTP-410	DSHS	324 Yapaco		Gilmer	75644
1000057948	07-20-2017	1000	1000	1-325 0317	BSA Hospital	1600 Wallace Blvd		Amarillo	79106
1000057948	07-20-2017	1000	1000	1-327	BSA Hospital	1600 Wallace Blvd		Amarillo	79106
1000057950	07-20-2017	75	75	1-182	Benchmark Family Services	4506 Corona Drive		Corpus Christi	78411
1000057950	07-20-2017	75	75	EPSTD-05	Benchmark Family Services	4506 Corona Drive		Corpus Christi	78411
1000057950	07-20-2017	75	75	EPSTD-05T	Benchmark Family Services	4506 Corona Drive		Corpus Christi	78411
1000057950	07-20-2017	75	75	EPSTD-16	Benchmark Family Services	4506 Corona Drive		Corpus Christi	78411
1000057952	07-20-2017	25	25	05-13597	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000057952	07-20-2017	25	25	1-323	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000057952	07-20-2017	25	25	1-325 0317	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000057953	07-20-2017	400	400	1-323A	Guadalupe Regional Medical Center	Women's Services	1215 E. Court St.	Sequin	78155
1000057953	07-20-2017	400	400	1-325 0317	Guadalupe Regional Medical Center	Women's Services	1215 E. Court St.	Sequin	78155
1000057990	07-20-2017	300	300	1-325 0317	Edinburg Regional Med Hosp	1102 West Trenton Rd	Newborn Nursery	Edinburg	78539
1000058011	07-20-2017	1000	1000	1-325 0317	Pediatric Medical Group	22999 Highway 59North		Kingwood	77339
1000058027	07-20-2017	500	500	1-323	Univ of Texas Medical Branch	301 Univ Blvd		Galveston	77555-0523
1000058102	07-20-2017	100	100	EPSTD-08	HHSC	2306 Leary Lane		Victoria	77901
1000058102	07-20-2017	100	100	EPSTD-16	HHSC	2306 Leary Lane		Victoria	77901
1000058141	07-24-2017	50	50	1-182	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058141	07-24-2017	100	100	1-220	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058141	07-24-2017	100	100	1-221	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058141	07-24-2017	50	50	MTP-110	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058141	07-24-2017	1	1	MTP-610	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058143	07-24-2017	50	50	1-182	High Sky Childrens Ranch	3136 Executive Dr		San Angelo	76904
1000058143	07-24-2017	50	50	EPSTD-05	High Sky Childrens Ranch	3136 Executive Dr		San Angelo	76904
1000058143	07-24-2017	50	50	EPSTD-08	High Sky Childrens Ranch	3136 Executive Dr		San Angelo	76904
1000058143	07-24-2017	50	50	MTP-110	High Sky Childrens Ranch	3136 Executive Dr		San Angelo	76904
1000058157	07-24-2017	100	100	1-182	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	100	100	1-220	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	100	100	1-221	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-322	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-322A	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-323	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-323A	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-325 0317	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	1-326	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058157	07-24-2017	25	25	E08-12877	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058158	07-21-2017	1000	1000	MTP-110	HHSC Region 2/9	3016 Kermit Hwy		Odessa	79763
1000058165	07-24-2017	500	500	1-182	DSHS	2521 West Front Street		Tyler	75702
1000058253	07-24-2017	10	10	08-13373	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058253	07-24-2017	2	2	E03-13591	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058253	07-24-2017	2	2	E03-13592	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058253	07-24-2017	2	2	E03-13593	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000058253	07-24-2017	10	10	E08-12876	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058253	07-24-2017	10	10	E08-12876A	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058253	07-24-2017	200	200	E08-12877	Community Pediatric Group	2001 9th Ave	Ste 102	Port Arthur	77642
1000058255	07-24-2017	400	400	DENTAL-8-17	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	200	200	E08-12877	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	400	400	EPSDT-16	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	400	400	EPSDT-16T	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	400	400	EPSDT-26	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	1	1	MTP-610	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058255	07-24-2017	1	1	MTP-610S	Angel Magic Smiles	2520 E Main St	Ste 204	Alice	78332
1000058256	07-21-2017	500	500	EPSDT-08	Community First Health Plans	12238 Silicon Dr	Suite 100	San Antonio	78249
1000058256	07-21-2017	8000	8000	MTP-110	Community First Health Plans	12238 Silicon Dr	Suite 100	San Antonio	78249
1000058256	07-21-2017	1000	1000	MTP-210	Community First Health Plans	12238 Silicon Dr	Suite 100	San Antonio	78249
1000058256	07-21-2017	1000	1000	MTP-210S	Community First Health Plans	12238 Silicon Dr	Suite 100	San Antonio	78249
1000058257	07-24-2017	4	4	05-12258	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	4	4	05-13572	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	05-13598	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	05-13599	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	1-328 0312	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	4	4	1-335	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	6	6	EPSDT-04	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	EPSDT-05	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	EPSDT-08	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	2	2	EPSDT-12	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	2	2	EPSDT-12S	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	2	2	EPSDT-13	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	2	2	EPSDT-13S	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	EPSDT-16	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058261	07-24-2017	5	5	08-13373	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	25	25	DENTAL-8-17	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	4	4	DENTAL-8-20	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	4	4	DENTAL-8-20S	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	5	5	E03-13591	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	10	10	E03-13592	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	10	10	E03-13593	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	5	5	E08-12876A	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	200	200	E08-12877	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	25	25	EPSDT-05	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	1000	1000	EPSDT-05T	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	25	25	EPSDT-08	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	5	5	EPSDT-10	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	5	5	EPSDT-10S	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	10	10	EPSDT-12	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	10	10	EPSDT-12S	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	25	25	EPSDT-16	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	500	500	EPSDT-26	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	20	20	MTP-310	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058261	07-24-2017	1000	1000	MTP-410	Sea SmilesDental	10936 North Freeway	Suite A	Houston	77037
1000058460	07-24-2017	500	500	1-325 0317	Christus St Michael Hospital	2600 St Michael Drive	2nd Floor, Labor and Delivery	Texarkana	75503
1000058461	07-24-2017	600	600	1-323	C/O Ears and Hearing	2100 S. Mayhill Rd.		Denton	75028
1000058466	07-24-2017	100	100	MTP-510_0812	HHSC	3016 Kermit Hwy.	Mail Code: 250-3	Odessa	79764
1000058467	07-24-2017	600	600	1-182	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	80	80	EPSDT-04	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	600	600	EPSDT-05	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	600	600	EPSDT-08	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	600	600	EPSDT-16	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	600	600	MTP-110	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058467	07-24-2017	80	80	MTP-510_0812	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664



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1000058468	07-24-2017	600	600	1-182	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	100	100	EPSDT-04	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	600	600	EPSDT-05	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	600	600	EPSDT-08	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	600	600	EPSDT-16	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	600	600	MTP-110	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058468	07-24-2017	100	100	MTP-510 0812	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058469	07-24-2017	500	500	1-182	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	60	60	EPSDT-04	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	500	500	EPSDT-05	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	500	500	EPSDT-08	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	500	500	EPSDT-16	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	500	500	MTP-110	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058469	07-24-2017	60	60	MTP-510 0812	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058502	07-25-2017	2000	2000	1-325 0317	HENDRICK MEDICAL CENTER	1900 PINE ST		ABILENE	79601
1000058504	07-25-2017	50	50	DENTAL-8-17	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	50	50	E08-12877	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	10	10	EPSDT-04	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	50	50	EPSDT-05	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	25	25	EPSDT-05T	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	50	50	EPSDT-08	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	50	50	EPSDT-16	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058504	07-25-2017	50	50	MTP-110	SAN ANTONIO FOSTER CARE	3201 CHERRY RIDGE ST	BLDG A	SAN ANTONIO	78230
1000058524	07-27-2017	200	200	05-12258	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	2	2	05-13572	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	200	200	1-322	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	200	200	1-322A	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	500	500	1-323	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	500	500	1-323A	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	500	500	1-325 0317	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	104	104	1-328 0312	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	396	396	1-328 0312	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	2	2	1-336	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	200	200	1-342	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	200	200	MTP-410	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058531	07-27-2017	100	100	1-323	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058531	07-27-2017	50	50	1-323A	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058531	07-27-2017	100	100	1-325 0317	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058532	07-27-2017	1000	1000	1-325 0317	Pediatric Medical Group	111 Dallas St	3rd floor Nursery	San Antonio	78205
1000058534	07-27-2017	100	100	1-323	E Caceres MD	4236 North Mccoll	Ste B	McAllen	78504
1000058534	07-27-2017	100	100	1-323A	E Caceres MD	4236 North Mccoll	Ste B	McAllen	78504
1000058535	07-27-2017	25	25	DENTAL-8-17	JPS Health	2807 Layton Ave		Fort Worth	76117
1000058535	07-27-2017	10	10	E03-13634	JPS Health	2807 Layton Ave		Fort Worth	76117
1000058561	07-26-2017	1500	1500	1-325 0317	C/O Ears and Hearing	14510 Dawn LN		Tyler	75709
1000058562	07-26-2017	200	200	05-13599	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	100	100	1-327	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	100	100	1-337	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	50	50	1-338	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	50	50	1-338A	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	100	100	1-343	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058602	07-26-2017	200	200	DENTAL-8-17	Allen Gall	2710 Mangum		Houston	77092
1000058602	07-26-2017	200	200	EPSDT-26	Allen Gall	2710 Mangum		Houston	77092
1000058610	07-26-2017	700	700	1-325 0317	HEARING SCREEN NURSERY	10864 TEXAS HEALTH TRAIL		FORT WORTH	76244
1000058611	07-26-2017	1000	1000	1-325 0317	PEDIATRIX HEARING SCREEN NURSERY	1650 WEST COLLEGE STREET		GRAPEVINE	76051
1000058613	07-26-2017	1000	1000	1-325_0317	PEDIATRIX HEARING SCREEN WOMENS CENTER	3000 I-35 N		DENTON	76209
1000058630	07-26-2017	500	500	1-322A	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nurse	Baytown	77521
1000058630	07-26-2017	500	500	1-323	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nurse	Baytown	77521

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1000058630	07-26-2017	500	500	1-325 0317	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nurse	Baytown	77521
1000058632	07-26-2017	500	500	1-323	C/O Ears and Hearing	2000 S. Palestine St.	2nd Fl OB Unit	Athens	75751
1000058635	07-26-2017	100	100	E03-13634	Texas Tech Physicians	3601 4th St	Stop 9901	Lubbock	79430
1000058635	07-26-2017	100	100	E03-14572	Texas Tech Physicians	3601 4th St	Stop 9901	Lubbock	79430
1000058660	07-27-2017	25	25	05-12258	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	10	10	05-13916	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	10	10	05-14010	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	1-182	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	1-322	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	1-325 0317	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	1-335	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	1-336	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	10	10	DENTAL-8-17	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	25	25	E03-13634	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	EPSTD-05	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	40	40	EPSTD-10	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	EPSTD-16	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	25	25	EPSTD-26	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	50	50	MTP-110	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058810	07-27-2017	1500	1500	1-182	DSHS	2521 West Front Street		Tyler	75702
1000058851	07-27-2017	500	500	MTP-210	DSHS	2521 West Front Street		Tyler	75702
1000058851	07-27-2017	200	200	MTP-210S	DSHS	2521 West Front Street		Tyler	75702
1000058851	07-27-2017	1000	1000	MTP-410	DSHS	2521 West Front Street		Tyler	75702
1000058854	07-28-2017	50	50	DENTAL-8-17	CARINGHANDS PEDIATRICS	8777B SOUTH GESSNER DRIVE		HOUSTON	77074
1000058854	07-28-2017	50	50	E08-12877	CARINGHANDS PEDIATRICS	8777B SOUTH GESSNER DRIVE		HOUSTON	77074
1000058869	07-28-2017	50	50	1-342	Hewitt Public Library	200 Patriot Court B		Hewitt	76643
1000058869	07-28-2017	50	50	DENTAL-8-17	Hewitt Public Library	200 Patriot Court B		Hewitt	76643
1000058869	07-28-2017	50	50	MTP-110	Hewitt Public Library	200 Patriot Court B		Hewitt	76643
1000058931	07-31-2017	5	5	05-12258	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	05-13572	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	05-13581	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	08-13373	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	50	50	1-323	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	50	50	1-323A	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	50	50	1-325 0317	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	DENTAL-8-20	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	DENTAL-8-20S	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	E03-13634	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	E08-12876	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	E08-12876A	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	EPSTD-08	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	EPSTD-08A	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	EPSTD-10	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	EPSTD-10S	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	1	1	MTP-610	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	1	1	MTP-610S	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058932	07-31-2017	25	25	1-323	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000058932	07-31-2017	25	25	1-327	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000058932	07-31-2017	25	25	E03-13634	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000058932	07-31-2017	25	25	E03-14572	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000058937	07-31-2017	200	200	E08-12877	Imagine Dental	3507 Jaime Zapata Memorial Hwy	Suite 3	Laredo	78043
1000058959	07-31-2017	100	100	1-325 0317	ST. MARKS MEDICAL CENTER	1 ST. MARKS PLACE		LA GRANGE	78945
1000058985	8/1/2017	500	500	1-325	C/O Ears and Hearing	5528 Evening Star Ct		Tolar	76476
1000058992	8/1/2017	1200	1200	1-325	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000059115	8/3/2017	1500	1500	1-325	Pediatric Medical Group/Hearing Screen	7600 Fannin	4th Fl. East Nursery	Houston	77054
1000059123	8/3/2017	1000	1000	1-325	C/O Ears and Hearing	12 N. Schroeder Ave		San Angelo	76905
1000059162	8/3/2017	500	500	1-325	PEDIATRIX HEARING SCREEN NURSERY	1105 CENTRAL EXPWY N		ALLEN	75013
1000059164	8/3/2017	700	700	1-325	PEDIATRIX HEARING SCREEN NURSERY	5601 WARREN PKWY		FRISCO	75034

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1000058985	8/1/2017	500	500	1-323	C/O Ears and Hearing	5528 Evening Star Ct		Tolar	76476
1000058986	8/1/2017	600	600	1-323	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000058992	8/1/2017	200	200	1-322	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000058992	8/1/2017	200	200	1-322A	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000058992	8/1/2017	700	700	1-323	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000058992	8/1/2017	500	500	1-323A	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000058992	8/1/2017	1	1	MTP-610	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000058992	8/1/2017	1	1	MTP-610S	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000059123	8/3/2017	1000	1000	1-323	C/O Ears and Hearing	12 N. Schroeder Ave		San Angelo	76905
1000059151	8/3/2017	150	150	1-182	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	DENTAL-8-17	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	200	200	E03-13634	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	EPSDT-05	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	EPSDT-08	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	EPSDT-16	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	MTP-110	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	MTP-210	Lori Allen	629 Farley St		Waxahachie	75165
1000059151	8/3/2017	150	150	MTP-210S	Lori Allen	629 Farley St		Waxahachie	75165
1000059223	8/4/2017	200	200	E03-13634	DSHS	6302 Iola Ave		Lubbock	79424
1000059223	8/4/2017	200	200	E03-14572	DSHS	6302 Iola Ave		Lubbock	79424
1000059225	8/4/2017	400	400	1-323A	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000059225	8/4/2017	400	400	1-325	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000059225	8/15/2017	200	200	1-323	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000059252	8/4/2017	700	700	1-182	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	100	100	EPSDT-04	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	700	700	EPSDT-05	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	700	700	EPSDT-08	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	700	700	EPSDT-16	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	700	700	MTP-110	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059252	8/4/2017	100	100	MTP-510 0812	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059253	8/4/2017	850	850	1-182	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	150	150	EPSDT-04	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	850	850	EPSDT-05	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	850	850	EPSDT-08	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	850	850	EPSDT-16	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	850	850	MTP-110	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059253	8/4/2017	150	150	MTP-510 0812	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059254	8/4/2017	250	250	1-182	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	40	40	EPSDT-04	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	250	250	EPSDT-05	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	250	250	EPSDT-08	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	250	250	EPSDT-16	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	250	250	MTP-110	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059254	8/4/2017	40	40	MTP-510 0812	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059314	8/8/2017	50	50	1-327	Pediatric Hearing Screen	7600 Fannin	4th FL; E Nursery	Houston	77054
1000059314	8/8/2017	50	50	1-328	Pediatric Hearing Screen	7600 Fannin	4th FL; E Nursery	Houston	77054
1000059314	8/8/2017	50	50	1-342	Pediatric Hearing Screen	7600 Fannin	4th FL; E Nursery	Houston	77054
1000059314	8/15/2017	50	50	1-323	Pediatric Hearing Screen	7600 Fannin	4th FL; E Nursery	Houston	77054
1000059349	8/8/2017	100	100	1-182	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059349	8/8/2017	100	100	EPSDT-05	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059349	8/8/2017	100	100	EPSDT-08	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059349	8/8/2017	100	100	EPSDT-16	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059349	8/8/2017	100	100	MTP-410	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059361	8/8/2017	200	200	DENTAL-8-17	Children 1st Dental & Surg Ctr	Ste 400	3055 W Bardin Rd	Grand Prairie	75052
1000059361	8/8/2017	200	200	E08-12877	Children 1st Dental & Surg Ctr	Ste 400	3055 W Bardin Rd	Grand Prairie	75052
1000059362	8/8/2017	200	200	DENTAL-8-17	Children 1st Dental & Surg Ctr	2690 North Galloway		Mesquite	75150
1000059362	8/8/2017	200	200	E08-12877	Children 1st Dental & Surg Ctr	2690 North Galloway		Mesquite	75150
1000059415	8/8/2017	300	300	1-325	Lbi General Hospital	5656 Kelly St		Houston	77026

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1000059621	8/10/2017	50	50	1-325	Medical Center Hospital	500 W. 4th Street, 4h Floor Nursery	Hearing Screeners in Women & Infants Newborn Nursery	Odessa	79761
1000059662	8/10/2017	300	300	1-325	C/O Ears and Hearing	1901 Durham Ave		Brownwood	76801
1000059662	8/15/2017	300	300	1-323	C/O Ears and Hearing	1901 Durham Ave		Brownwood	76801
1000059814	8/15/2017	500	500	1-325	MEDNAX	1600 Hospital Pkwy	Nursery	Bedford	76022
1000059844	8/15/2017	401	401	05-13684	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000059844	8/15/2017	10	10	05-13916	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000059844	8/15/2017	300	300	1-182	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000060031	8/15/2017	75	75	1-182	Circle of Living Hope	4560 Cypress Creek Parkway	#104	Houston	77069
1000060031	8/15/2017	75	75	EPSTD-05	Circle of Living Hope	4560 Cypress Creek Parkway	#104	Houston	77069
1000060031	8/15/2017	75	75	EPSTD-08	Circle of Living Hope	4560 Cypress Creek Parkway	#104	Houston	77069
1000060031	8/15/2017	75	75	EPSTD-16	Circle of Living Hope	4560 Cypress Creek Parkway	#104	Houston	77069
1000060045	8/15/2017	5	5	05-13916	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	25	25	EPSTD-05	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	25	25	EPSTD-05A	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	100	100	EPSTD-08	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	1	1	EPSTD-10	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	1	1	EPSTD-10S	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	1	1	EPSTD-12	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	1	1	EPSTD-12S	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	100	100	MTP-110	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	2	2	MTP-310	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000060045	8/15/2017	1	1	MTP-610S	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000058408	8/17/2017	500	500	EPSTD-08	Community First	12238 Silicon Drive	Suite 100	San Antonio	78249
1000058808	8/17/2017	50	50	1-182	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058808	8/17/2017	50	50	EPSTD-05	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058808	8/17/2017	50	50	EPSTD-05T	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058808	8/17/2017	100	100	MTP-110	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058808	8/17/2017	50	50	MTP-410	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058812	8/17/2017	200	200	EPSTD-05	HHSC	11307 Roszell	STE 1300	San Antonio	78217
1000058812	8/17/2017	200	200	EPSTD-08	HHSC	11307 Roszell	STE 1300	San Antonio	78217
1000058812	8/17/2017	200	200	EPSTD-16	HHSC	11307 Roszell	STE 1300	San Antonio	78217
1000058849	8/17/2017	75	75	1-182	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	DENTAL-8-17	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	EPSTD-05	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	EPSTD-05T	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	EPSTD-08	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	EPSTD-16	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	75	75	EPSTD-16T	Maximus Reg 11	208 San Saba		Portland	78374
1000058849	8/17/2017	50	50	MTP-110	Maximus Reg 11	208 San Saba		Portland	78374
1000058956	8/21/2017	5000	5000	1-182	Maximus Region 7	4000 South IH 35		Austin	78704
1000058956	8/21/2017	6	6	DENTAL-8-20	Maximus Region 7	4000 South IH 35		Austin	78704
1000058956	8/21/2017	5000	5000	EPSTD-05	Maximus Region 7	4000 South IH 35		Austin	78704
1000058956	8/21/2017	5000	5000	EPSTD-08	Maximus Region 7	4000 South IH 35		Austin	78704
1000058956	8/21/2017	5000	5000	MTP-410	Maximus Region 7	4000 South IH 35		Austin	78704
1000058978	8/18/2017	500	500	1-182	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	500	500	1-220	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	500	500	1-221	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	25	25	1-334	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	25	25	1-335	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	25	25	1-336	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	100	100	1-337	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	500	500	EPSTD-08	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	500	500	MTP-110	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	0	0	MTP-110	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	500	500	MTP-210	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	0	0	MTP-210	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	0	0	MTP-210S	DSHS	1750 N Eastman RD		Longview	75601



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1000058978	8/18/2017	500	500	MTP-210S	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	50	50	MTP-510	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	0	0	MTP-510	DSHS	1750 N Eastman RD		Longview	75601
1000059072	8/17/2017	20	20	MTP-310	Maximus Reg 9	518 S Sage		Odessa	79766
1000059088	8/22/2017	100	100	1-182	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	1-220	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	1-221	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	1-338	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	1-338A	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	DENTAL-8-17	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-04	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-05	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-05T	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-08	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-16	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-16T	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	EPSDT-26	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	500	500	MTP-110	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	MTP-210	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	100	100	MTP-210S	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059088	8/22/2017	500	500	MTP-410	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059121	8/17/2017	100	100	1-182	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	50	50	1-220	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	50	50	1-221	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	DENTAL-8-17	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	EPSDT-05	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	EPSDT-05T	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	EPSDT-16	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	EPSDT-16T	Maximus Region 1	2107 76th St		Lubbock	79423
1000059121	8/17/2017	100	100	EPSDT-26	Maximus Region 1	2107 76th St		Lubbock	79423
1000059163	8/17/2017	150	150	1-182	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059163	8/17/2017	25	25	EPSDT-04	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059163	8/17/2017	150	150	EPSDT-08	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059163	8/17/2017	100	100	EPSDT-16	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059163	8/17/2017	25	25	MTP-510	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059206	8/17/2017	200	200	1-182	DSHS	1460 NW 19 Street		Paris	75460
1000059206	8/17/2017	100	100	1-220	DSHS	1460 NW 19 Street		Paris	75460
1000059206	8/17/2017	100	100	1-221	DSHS	1460 NW 19 Street		Paris	75460
1000059214	8/17/2017	3	3	DENTAL-8-20	Maximus Region 3	5628-A SW Green Oaks Blvd		Arlington	76017
1000059214	8/17/2017	3	3	DENTAL-8-20S	Maximus Region 3	5628-A SW Green Oaks Blvd		Arlington	76017
1000059215	8/17/2017	500	500	1-182	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059215	8/17/2017	500	500	DENTAL-8-17	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059215	8/17/2017	500	500	EPSDT-05	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059215	8/17/2017	500	500	EPSDT-08	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059215	8/17/2017	500	500	EPSDT-16	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059215	8/17/2017	500	500	MTP-110	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059255	8/17/2017	200	200	1-182	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	1-220	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	1-221	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	100	100	EPSDT-05	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	100	100	EPSDT-05T	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	100	100	EPSDT-16	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	EPSDT-16T	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	EPSDT-26	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	MTP-110	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059255	8/17/2017	50	50	MTP-410	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059276	8/18/2017	150	150	1-182	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	1-220	Maximus Region 2	4401 Hatchery Road		San Angelo	76903

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1000059276	8/18/2017	150	150	1-221	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	50	50	DENTAL-8-17	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	1	1	DENTAL-8-20	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	1	1	DENTAL-8-20S	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	EPSTD-05	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	EPSTD-05T	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	EPSTD-08	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	10	10	EPSTD-10S	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	10	10	EPSTD-12	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	15	15	EPSTD-15S	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	EPSTD-16	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	EPSTD-16T	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	15	15	MTP-110	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	MTP-210	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	15	15	MTP-310	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059276	8/18/2017	150	150	MTP-410	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059307	8/17/2017	100	100	EPSTD-16	HHSC - Region 8	MC 294-1	314 S. Saunders	Seguin	78155
1000059417	8/17/2017	50	50	1-182	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	DENTAL-8-17	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	1	1	DENTAL-8-20	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	EPSTD-05	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	EPSTD-05T	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	EPSTD-16	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	EPSTD-16T	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	MTP-110	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059417	8/17/2017	50	50	MTP-410	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059606	8/21/2017	1	1	05-13916	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	1	1	05-14010	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	1-182	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	1-220	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	1-221	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	DENTAL-8-17	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	DENTAL-8-20	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	DENTAL-8-20S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	E03-13591	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	E03-13592	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	E03-13593	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	E08-12876	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	2	2	E08-12876A	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-10	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-10S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-12	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-12S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-13	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-13S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-15	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-15S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-16	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	5	5	EPSTD-16A	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	EPSTD-16T	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	100	100	EPSTD-26	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059606	8/21/2017	50	50	MTP-410	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	5	5	05-13916	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	05-14010	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	1-182	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	1-220	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	1-221	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	DENTAL-8-17	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605

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1000059608	8/18/2017	20	20	DENTAL-8-20	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	20	20	DENTAL-8-20S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	E08-12877	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	EPSDT-05	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	EPSDT-05T	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	EPSDT-08	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-10	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-10S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-12	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-12S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-13	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-13S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-15	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	EPSDT-15S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	EPSDT-16	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	EPSDT-16T	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	EPSDT-25	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	500	500	EPSDT-26	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	MTP-310	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	5000	5000	MTP-410	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059608	8/18/2017	10	10	MTP-510	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059619	8/17/2017	50	50	MTP-110	Maximus Region 6	165 CR 2094		Liberty	77575
1000059620	8/17/2017	100	100	1-182	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	DENTAL-8-17	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	E08-12877	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	EPSDT-05	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	EPSDT-08	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	EPSDT-16	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059620	8/17/2017	100	100	MTP-110	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059679	8/17/2017	500	500	1-182	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059679	8/17/2017	500	500	1-220	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059679	8/17/2017	500	500	1-221	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059679	8/17/2017	500	500	EPSDT-08	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059679	8/17/2017	200	200	EPSDT-16T	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059679	8/17/2017	500	500	MTP-410	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059778	8/18/2017	1	1	05-13916	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	08-13373	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	200	200	1-182	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	200	200	DENTAL-8-17	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	5	5	DENTAL-8-20	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	10	10	E08-12877	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	5	5	EPSDT-04	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	200	200	EPSDT-08	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-10	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-10S	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-12	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-12S	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-13	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-13S	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-15	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	2	2	EPSDT-15S	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	200	200	EPSDT-16T	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	200	200	MTP-110	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	100	100	MTP-210	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059778	8/18/2017	6	6	MTP-310	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059783	8/17/2017	25	25	EPSDT-05T	HHSC - Region 11	239-3	4015 North Conway	Mission	78574
1000059783	8/17/2017	25	25	MTP-410	HHSC - Region 11	239-3	4015 North Conway	Mission	78574
1000059815	8/22/2017	7800	7800	1-182	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060

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1000059815	8/22/2017	21	21	DENTAL-8-20	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	10	10	DENTAL-8-20S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	1750	1750	EPSDT-05T	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	7500	7500	EPSDT-08	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	42	42	EPSDT-10	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	4	4	EPSDT-10S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	30	30	EPSDT-12	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	4	4	EPSDT-12S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	41	41	EPSDT-13	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	4	4	EPSDT-13S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	36	36	EPSDT-15	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	4	4	EPSDT-15S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	1750	1750	EPSDT-16T	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	12250	12250	MTP-110	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059815	8/22/2017	47	47	MTP-310	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059818	8/17/2017	200	200	1-182	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	200	200	DENTAL-8-17	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	100	100	EPSDT-04	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	500	500	EPSDT-05T	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	200	200	EPSDT-08	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	200	200	EPSDT-16	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	200	200	EPSDT-16T	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	1000	1000	EPSDT-26	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	200	200	MTP-210	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059818	8/17/2017	100	100	MTP-410	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059819	8/17/2017	200	200	1-182	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	DENTAL-8-17	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-05	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-05T	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-08	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-16	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-16T	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	EPSDT-26	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059819	8/17/2017	200	200	MTP-410	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059820	8/18/2017	100	100	1-182	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	DENTAL-8-17	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	1	1	DENTAL-8-20	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	1	1	DENTAL-8-20S	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-05	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-05T	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-08	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-16	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-16T	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	EPSDT-26	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	MTP-210	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	100	100	MTP-210S	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	1	1	MTP-610	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059820	8/18/2017	1	1	MTP-610S	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059835	8/17/2017	150	150	MTP-410	Maximus Reg 8	402 Strawberry Blonde Drive		Buda	78610
1000059836	8/18/2017	1000	1000	EPSDT-08	Maximus Region 8	11711 IH-N 35 Suite 160		San Antonio	78233
1000059836	8/18/2017	30	30	MTP-310	Maximus Region 8	11711 IH-N 35 Suite 160		San Antonio	78233
1000059836	8/18/2017	2000	2000	MTP-410	Maximus Region 8	11711 IH-N 35 Suite 160		San Antonio	78233
1000059837	8/18/2017	50	50	1-182	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	DENTAL-8-17	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	DENTAL-8-17	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-05	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-05	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-05T	Maximus Reg 8	315 Trainer Street		Blanco	78606





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1000059837	8/18/2017	50	50	EPSDT-05T	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-08	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-16	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-16T	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	EPSDT-26	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059837	8/18/2017	50	50	MTP-110	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059844	8/21/2017	99	99	05-13684	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000059870	8/16/2017	1056	1056	1-325	Pediatric Medical Group	7700 floyd curl	2nd floor mother/baby	san antonio	78229
1000059870	8/16/2017	1444	1444	1-325	Pediatric Medical Group	7700 floyd curl	2nd floor mother/baby	san antonio	78229
1000059873	8/17/2017	100	100	1-182	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	50	50	1-220	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	50	50	1-221	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	100	100	DENTAL-8-17	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	200	200	EPSDT-05	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	200	200	EPSDT-05T	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	200	200	EPSDT-08	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	100	100	EPSDT-16	Maximus Region 1	110 Vernon		Lubbock	79415
1000059873	8/17/2017	50	50	MTP-110	Maximus Region 1	110 Vernon		Lubbock	79415
1000059887	8/17/2017	300	300	1-182	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	DENTAL-8-17	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-05	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-05T	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-08	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	0	0	EPSDT-15	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	2	2	EPSDT-15	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-16	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-16T	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	EPSDT-26	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	250	250	MTP-410	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059888	8/16/2017	500	500	1-325	Pediatric Medical Group	1600 Wallace Blvd	NICU 3rd floor	Amarillo	79106
1000059890	8/16/2017	600	600	1-325	C/O Ears and Hearing	4631 Procter Street		Port Arthur	77642
1000060002	8/17/2017	50	50	1-220	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	50	50	1-221	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	50	50	1-338	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	50	50	DENTAL-8-17	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	50	50	EPSDT-05	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	5	5	EPSDT-15	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	5	5	EPSDT-15S	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	100	100	MTP-210	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060002	8/17/2017	100	100	MTP-410	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060210	8/16/2017	200	200	1-182	DSHS	6302 Iola		Lubbock	79424
1000060231	8/17/2017	300	300	1-322	Edinburg Regional Med Hosp	1102 West Trenton Rd		Edinburg	78539
1000060231	8/17/2017	300	300	1-322A	Edinburg Regional Med Hosp	1102 West Trenton Rd		Edinburg	78539
1000060233	8/22/2017	1000	1000	1-325	Medical City Dallas	Pediatric Medical Group	7777 Forest Lane	Dallas	75230
1000060252	8/17/2017	50	50	E03-13634	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060252	8/17/2017	100	100	EPSDT-16	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060252	8/17/2017	100	100	EPSDT-25	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060252	8/17/2017	25	25	MTP-310	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060252	8/17/2017	200	200	MTP-410	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060252	8/17/2017	10	10	MTP-510	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000060257	8/18/2017	32	32	DENTAL-8-20	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	32	32	DENTAL-8-20S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-10	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-10S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-12	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-12S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-13	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	40	40	EPSDT-13S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542

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1000060257	8/18/2017	20	20	EPSTD-15	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	20	20	EPSTD-15S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060257	8/18/2017	20	20	MTP-310	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000060270	8/17/2017	144	144	1-325	Pediatric Medical Group	1901 N MacArthur Blvd	2nd floor Mom Baby Unit	Irving	75061
1000060270	8/22/2017	256	256	1-325	Pediatric Medical Group	1901 N MacArthur Blvd	2nd floor Mom Baby Unit	Irving	75061
1000060274	8/17/2017	5	5	05-13916	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060274	8/17/2017	5	5	05-14010	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060274	8/17/2017	25	25	1-328	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060274	8/17/2017	10	10	DENTAL-8-20	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060274	8/17/2017	25	25	MTP-110	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060274	8/17/2017	25	25	MTP-210	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060390	8/18/2017	1000	1000	DENTAL-8-17	Houston Health Department	8000 North Stadium Drive		Houston	77054
1000060390	8/18/2017	700	700	EPSTD-16	Houston Health Department	8000 North Stadium Drive		Houston	77054
1000060390	8/18/2017	1000	1000	EPSTD-26	Houston Health Department	8000 North Stadium Drive		Houston	77054
1000060411	8/21/2017	300	300	1-342	Pediatric Medical Group	2201 S Clear Creek Road	Hearing Screen Program	Killeen	76549
1000060411	8/22/2017	300	300	1-325	Pediatric Medical Group	2201 S Clear Creek Road	Hearing Screen Program	Killeen	76549
1000060413	8/18/2017	10	10	05-13572	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	10	10	05-13916	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	1-182	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	200	200	1-220	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	1-337	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	DENTAL-8-17	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	10	10	DENTAL-8-20	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	10	10	DENTAL-8-20S	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	200	200	E03-13634	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-05	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-05T	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-08	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-16	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-16T	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	100	100	EPSTD-26	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	200	200	MTP-110	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060413	8/18/2017	200	200	MTP-510	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060475	8/22/2017	1000	1000	1-325	Pediatric Medical Group	10301 Gateway West		El Paso	79925
1000060476	8/21/2017	25	25	DENTAL-8-17	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	DENTAL-8-20	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	DENTAL-8-20S	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	E03-13592	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	E03-13593	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	E08-12876	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	E08-12876A	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	25	25	E08-12877	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	EPSTD-04	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	EPSTD-10	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	EPSTD-10S	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	EPSTD-13	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	6	6	EPSTD-13S	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	25	25	MTP-110	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	25	25	MTP-210	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060476	8/21/2017	25	25	MTP-210S	Omni Dental Group	12335 Hymeadow	Ste 250	Austin	78750
1000060479	8/21/2017	10	10	1-182	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060479	8/21/2017	25	25	MTP-110	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060479	8/21/2017	10	10	MTP-210	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060479	8/21/2017	10	10	MTP-210S	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060479	8/21/2017	25	25	MTP-410	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060489	8/21/2017	10	10	05-13572	Holistic Birth Center	4705 Sanford Rd		Houston	77035
1000060489	8/21/2017	200	200	1-328	Holistic Birth Center	4705 Sanford Rd		Houston	77035
1000060491	8/22/2017	800	800	1-325	Med Ctr Arlington	Nursery 3rd Floor	3301 Matlock Rd	Arlington	76015

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1000060533	8/21/2017	1000	1000	1-182	MAXIMUS	4000 S IH 35		Austin	78704
1000060533	8/21/2017	1000	1000	EPSTD-16	MAXIMUS	4000 S IH 35		Austin	78704
1000060775	8/22/2017	600	600	1-182	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/22/2017	75	75	EPSTD-04	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/22/2017	600	600	EPSTD-05	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/22/2017	600	600	EPSTD-08	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/22/2017	600	600	EPSTD-16	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/22/2017	600	600	MTP-110	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060775	8/23/2017	75	75	MTP-510 0812	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060777	8/22/2017	600	600	1-182	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/22/2017	75	75	EPSTD-04	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/22/2017	600	600	EPSTD-05	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/22/2017	600	600	EPSTD-08	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/22/2017	600	600	EPSTD-16	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/22/2017	600	600	MTP-110	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060777	8/23/2017	75	75	MTP-510 0812	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060778	8/22/2017	900	900	1-182	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/22/2017	150	150	EPSTD-04	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/22/2017	900	900	EPSTD-05	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/22/2017	900	900	EPSTD-08	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/22/2017	900	900	EPSTD-16	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/22/2017	900	900	MTP-110	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060778	8/23/2017	150	150	MTP-510 0812	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060779	8/22/2017	700	700	1-182	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/22/2017	100	100	EPSTD-04	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/22/2017	700	700	EPSTD-05	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/22/2017	700	700	EPSTD-08	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/22/2017	700	700	EPSTD-16	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/22/2017	700	700	MTP-110	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060779	8/23/2017	100	100	MTP-510 0812	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000060807	8/24/2017	350	350	1-325	Medical City Alliance	3101 N. tarrant Pkwy	2nd Floor NURSERY	Fort Worth	76177
1000060837	8/24/2017	25	25	E03-13634	Trinity Clinic - Kilgore	1718 S Henderson Blvd		Kilgore	75662
1000060837	8/24/2017	25	25	E03-14572	Trinity Clinic - Kilgore	1718 S Henderson Blvd		Kilgore	75662
1000060837	8/24/2017	15	15	MTP-510	Trinity Clinic - Kilgore	1718 S Henderson Blvd		Kilgore	75662
1000061016	8/24/2017	500	500	1-325	Pediatric Med Group Newborn	800 W Randall Mill Road	1st Floor	Arlington	76012
1000061042	8/24/2017	250	250	1-325	Rawling Plains Memorial Hospital	200 E Arizona		Sweetwater	79556
1000061045	8/24/2017	100	100	1-325	Origins Birth & Wellness Collective	10345 Alta Vista Rd		FORT WORTH	76244
1000061066	8/24/2017	500	500	1-325	Pediatric Medical Group	5th Floor- The Family Place Hearing Screen	7600 Beechnut	Houston	77074
1000061072	8/24/2017	500	500	1-325	Hendrick Medical Center	1900 Pine Street	Room 4531	Abilene	79601
1000061087	8/24/2017	25	25	05-13916	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000061087	8/24/2017	150	150	05-14010	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000061087	8/24/2017	500	500	1-182	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000061143	8/28/2017	500	500	1-325	Univ of Texas Medical Branch	301 University Blvd		Galveston	77555-0523
1000061144	8/28/2017	136	136	E03-13634	DSHS	2521 West Front Street		Tyler	75702
1000061144	8/28/2017	200	200	E03-14572	DSHS	2521 West Front Street		Tyler	75702
1000061159	8/28/2017	2000	2000	1-182	Advancing Together	341 Hollywood		Edinburg	78539
1000061161	8/28/2017	100	100	1-322	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061161	8/28/2017	50	50	1-323	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061161	8/28/2017	50	50	1-325	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061161	8/28/2017	50	50	1-326	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061161	8/28/2017	50	50	1-328	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061161	8/28/2017	50	50	MTP-110	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061162	8/28/2017	500	500	DENTAL-8-17	Super Smiles Dental Centers	6801 S IH35	St 1D	AUSTIN	78744
1000061162	8/28/2017	200	200	E08-12877	Super Smiles Dental Centers	6801 S IH35	St 1D	AUSTIN	78744
1000061162	8/28/2017	500	500	EPSTD-26	Super Smiles Dental Centers	6801 S IH35	St 1D	AUSTIN	78744
1000061163	8/28/2017	10	10	08-13373	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	100	100	1-326	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	100	100	1-328	Humble ISD	4810 Magnolia Cove		Kingwood	77345

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000061163	8/28/2017	10	10	DENTAL-8-20	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	10	10	DENTAL-8-20S	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	10	10	E03-13591	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	10	10	E03-13592	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	10	10	E03-13593	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	20	20	EPSDT-04	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	20	20	EPSDT-13	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	20	20	EPSDT-13S	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061163	8/28/2017	100	100	EPSDT-16	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061192	8/28/2017	100	100	E03-14572	DSHS Region 9/10	401 E Franklin	Suite 210	El Paso	79901
1000061200	8/28/2017	400	400	1-342	Rio Grande Regional Hospital	Hearing Screen 3rd floor Nursery	101 E. Ridge Rd	McAllen	78503
1000061226	8/30/2017	4	4	EPSDT-15	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061226	8/30/2017	4	4	EPSDT-15S	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061226	8/30/2017	100	100	MTP-110	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061226	8/30/2017	50	50	MTP-410	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061226	8/30/2017	1	1	MTP-510	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061227	8/28/2017	1	1	05-12258	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	25	25	05-13597	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	50	50	1-325	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	50	50	1-327	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	50	50	EPSDT-08	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	50	50	EPSDT-16T	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061227	8/28/2017	50	50	EPSDT-25	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061244	8/30/2017	300	300	1-325	Pediatric Medical Group	901 W Ben White Blvd	2nd Floor Nursery	Austin	78704
1000061358	8/30/2017	10	10	DENTAL-8-20	Martha Padilla	5150 Montana Ave		EL PASO	79903
1000061358	8/30/2017	10	10	DENTAL-8-20S	Martha Padilla	5150 Montana Ave		EL PASO	79903
1000061361	8/30/2017	200	200	E08-12877	Imagine Dental	3507 Jaime Zapata Memorial Hwy	Suite 3	Laredo	78043
1000061362	8/30/2017	200	200	DENTAL-8-17	W. David Egger, DDS, PA	1609 N. Conway Ave.		Mission	78572
1000061362	8/30/2017	200	200	E08-12877	W. David Egger, DDS, PA	1609 N. Conway Ave.		Mission	78572
1000061362	8/30/2017	200	200	EPSDT-26	W. David Egger, DDS, PA	1609 N. Conway Ave.		Mission	78572
1000061368	8/30/2017	200	200	E08-12877	W. David Egger, DDS, PA	123 W. 3 Mile Line	Suite A-102	Palmhurst	78573
1000061402	8/30/2017	350	350	1-325	Medical City McKinney	4500 Medical Center Dr.	2nd Floor Nursery	McKinney	75069
1000061411	8/30/2017	250	250	05-13684	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000061412	8/31/2017	100	100	1-182	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	1-220	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	1-221	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	50	50	1-325	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	50	50	1-326	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	50	50	1-338	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	50	50	1-338A	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	1-343	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	DENTAL-8-17	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	EPSDT-05	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	EPSDT-08	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	10	10	EPSDT-15	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	10	10	EPSDT-15S	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	EPSDT-16T	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	100	100	MTP-110	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	5	5	MTP-310	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	10	10	MTP-510	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	1	1	MTP-610	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061412	8/31/2017	1	1	MTP-610S	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061443	8/31/2017	4	4	DENTAL-8-20	Plano WIC	900 E Park Blvd	#165	Plano	75074
1000061443	8/31/2017	4	4	DENTAL-8-20S	Plano WIC	900 E Park Blvd	#165	Plano	75074
1000061443	8/31/2017	700	700	EPSDT-05	Plano WIC	900 E Park Blvd	#165	Plano	75074
1000061443	8/31/2017	700	700	EPSDT-08	Plano WIC	900 E Park Blvd	#165	Plano	75074
1000061443	8/31/2017	700	700	EPSDT-16	Plano WIC	900 E Park Blvd	#165	Plano	75074
1000061444	8/31/2017	300	300	1-323	Charleston Methodist	3500 W Wheatland Rd		Dallas	75237



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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000061444	8/31/2017	300	300	1-325	Charleston Methodist	3500 W Wheatland Rd		Dallas	75237
# of Shipments	1,739		648,428	Total # of Items Shipped					

Report Label	Description
MAXIMUS Order Number	Naming convention that identifies the specific shipment to an Agency or Provider
Ship Date	Date the shipment was sent to Agency or Provider
Qty. Ordered	Request amount for specific material from Agency or Provider
Qty. Shipped	Shipped amount for specific material based on request from Agency or Provider
Item	Specific material inventory number requested
Type Agency	Type of of requestor: CBO, PROV, Agency Acronym
Agency/Provider	Name of requesting State Agency, Community Based Organization or Provider
Address1	Mailing Address, Line 1
Address2	Mailing Address, Line 1 (if needed, otherwise blank)
City	City Name (for Mail Address)
Zip	Zip Code (for Mail Address)
# of Shipments	Count of shipments sent for the Report Period Calculation =COUNTA(all shipments detailed in MAXIMUS Order Number Column)
Total # of Items Shipped	Total Count of Material Items within shipments for the Report Period Calculation =SUM(All items in Qty. Shipped Column)





Report ID	EB 513
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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055512	06-09-2017	1	1	05-13684	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	50	50	05-13684	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055911	06-19-2017	300	300	05-13684	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055512	06-09-2017	1	1	05-13916	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	10	10	05-13916	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055166	06-26-2017	10	10	05-13916	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055336	06-23-2017	10	10	05-13916	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055881	06-19-2017	2	2	05-13916	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055911	06-19-2017	10	10	05-13916	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056037	06-20-2017	10	10	05-13916	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056118	06-20-2017	10	10	05-13916	Exserted Service LLC	6347 Austinville		Katy	77449
1000055512	06-09-2017	1	1	05-14010	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055087	06-22-2017	10	10	05-14010	DFPS	801 North 13th Street	Suite 23	Harlingen	78550
1000055102	06-26-2017	10	10	05-14010	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055166	06-26-2017	10	10	05-14010	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055336	06-23-2017	10	10	05-14010	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055881	06-19-2017	2	2	05-14010	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055911	06-19-2017	10	10	05-14010	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056118	06-20-2017	10	10	05-14010	Exserted Service LLC	6347 Austinville		Katy	77449
1000055048	06-01-2017	500	500	1-182	HHSC	6500 Northwest Drive	Ste. 300	Mesquite	75150
1000055049	06-01-2017	800	800	1-182	HHSC	2020 N. Masters	MC 228-1	Dallas	75217
1000055050	06-01-2017	500	500	1-182	HHSC	12100 Ford Road	4th Floor; Ste. B400	Dallas	75220
1000055091	06-02-2017	100	100	1-182	American Legion Post 578	7811 Greens Road		Humble	77396
1000055512	06-09-2017	25	25	1-182	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055623	06-13-2017	25	25	1-182	A World for Children	1828 E SE Loop	Ste #107	Tyler	75701
1000055046	06-22-2017	25	25	1-182	HHSC - Region 2/9	035-1	501 Birdwell Ln Suite 28E	Big Spring	79720
1000055067	06-26-2017	500	500	1-182	HHSC - Region 7	234-1	939 Industrial Blvd	Mexia	76667
1000055086	06-22-2017	50	50	1-182	HHSC-Region 4	305-3	1400 College Street Suite 111	Sulphur Springs	75482
1000055098	06-26-2017	1500	1500	1-182	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055166	06-26-2017	300	300	1-182	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055265	06-26-2017	3000	3000	1-182	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Bldg II Suite 500	Austin	78759
1000055597	06-22-2017	100	100	1-182	HHSC - Region 4	3303 Mineola Hwy		Tyler	75702
1000055855	06-27-2017	5000	5000	1-182	Molina Healthcare of Texas	1660 N. Westridge Cricle		Irving	75038
1000055881	06-19-2017	100	100	1-182	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055911	06-19-2017	500	500	1-182	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055938	06-23-2017	100	100	1-182	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055938	06-23-2017	250	250	1-182	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055983	06-22-2017	100	100	1-182	DFPS	801 North 13th St		Harlingen	78550
1000055987	06-22-2017	200	200	1-182	HHSC-TDD	801 S State Hwy 161	MC 012-8	Grand Prairie	75051
1000055990	06-23-2017	500	500	1-182	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055992	06-22-2017	100	100	1-182	HHSC - Region 4	254-1	330 E. Spring St Suite D	Palestine	75801
1000056010	06-20-2017	500	500	1-182	HHSC	2220 Mall Circle	Mail Code: 128-3	Fort Worth	76116
1000056011	06-21-2017	500	500	1-182	HHSC	4733 E. Lancaster Avenue	Mail Code: 128-5	Fort Worth	76103
1000056012	06-23-2017	500	500	1-182	Superior HealthPlan	5900 East Ben White Blvd.		Austin	78741
1000056106	06-20-2017	100	100	1-182	Arrow Child & Family Ministries	524 E Lamar Blvd.	Ste. 320	Arlington	76011
1000056115	06-26-2017	100	100	1-182	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	100	100	1-182	Exserted Service LLC	6347 Austinville		Katy	77449
1000056170	06-22-2017	250	250	1-182	HHSC - Region 5	877-1	2222 Gloria Dr.	Orange	77630
1000056346	06-26-2017	100	100	1-182	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056506	06-23-2017	2100	2100	1-182	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000056770	06-26-2017	500	500	1-182	HHSC	214 N Travis St		Granbury	76048

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000056977	06-29-2017	75	75	1-182	Unique Kare Children Services	1236 Rocky Road		Uhland	78640
1000055789	06-14-2017	200	200	1-182A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055098	06-26-2017	300	300	1-182A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055265	06-26-2017	200	200	1-182A	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055881	06-19-2017	25	25	1-182A	Tyler Family Circle of Care	928 North Glenwood		Tyler	75702
1000055911	06-19-2017	25	25	1-182A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056115	06-26-2017	500	500	1-182A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056346	06-26-2017	500	500	1-182A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000055512	06-09-2017	25	25	1-220	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055098	06-26-2017	200	200	1-220	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055156	06-22-2017	500	500	1-220	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055166	06-26-2017	300	300	1-220	DSHS-THSteps	401 East Franklin Suite 210	Mail Code: 1903	El Paso	79901
1000055336	06-23-2017	100	100	1-220	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000056115	06-26-2017	1000	1000	1-220	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	100	100	1-220	Exserted Service LLC	6347 Austinville		Katy	77449
1000056346	06-26-2017	1000	1000	1-220	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000056506	06-23-2017	300	300	1-220	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000055512	06-09-2017	25	25	1-221	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055098	06-26-2017	200	200	1-221	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000055156	06-22-2017	500	500	1-221	HHSC - Region 3	MC 103-1	3612 E McKinney	Denton	76209
1000055336	06-23-2017	100	100	1-221	DSHS	MC 1899	6302 Iola St	Lubbock	79424
1000055938	06-23-2017	100	100	1-221	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000056037	06-20-2017	100	100	1-221	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056118	06-20-2017	100	100	1-221	Exserted Service LLC	6347 Austinville		Katy	77449
1000056506	06-23-2017	300	300	1-221	MAXIMUS Region 2	4617 Hummingbird Cir		Abilene	79606
1000055091	06-02-2017	5	5	EPSDT-15	American Legion Post 578	7811 Greens Road		Humble	77396
1000055215	06-23-2017	2	2	EPSDT-15	HHSC - Region 5	757-1	680 San Antonio Road	Crockett	75835
1000055911	06-19-2017	10	10	EPSDT-15	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056115	06-26-2017	4	4	EPSDT-15	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	10	10	EPSDT-15	Exserted Service LLC	6347 Austinville		Katy	77449
1000056346	06-26-2017	4	4	EPSDT-15	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000055911	06-19-2017	10	10	EPSDT-15A	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056115	06-26-2017	4	4	EPSDT-15A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	10	10	EPSDT-15A	Exserted Service LLC	6347 Austinville		Katy	77449
1000056346	06-26-2017	4	4	EPSDT-15A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000055911	06-19-2017	10	10	EPSDT-15S	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000056115	06-26-2017	4	4	EPSDT-15S	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056118	06-20-2017	10	10	EPSDT-15S	Exserted Service LLC	6347 Austinville		Katy	77449
1000056346	06-26-2017	4	4	EPSDT-15S	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000058660	07-27-2017	10	10	05-13916	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058660	07-27-2017	10	10	05-14010	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000057070	07-03-2017	25	25	1-182	A World For Children	5151 Flynn Parkway	Ste.0511	Corpus Christi	78405
1000057109	07-03-2017	300	300	1-182	HHSC - Region 5	834-1	1215 Hwy 327 East	Silsbee	77656
1000057149	07-03-2017	100	100	1-182	HHSC - Region 5	930 N. Magnolia		Woodville	75951
1000057342	07-10-2017	100	100	1-182	American Legion Post 578	7811 Greens Road		Humble	77396
1000057400	07-10-2017	75	75	1-182	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057607	07-11-2017	500	500	1-182	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057713	07-14-2017	100	100	1-182	Circle of Care	5333 Everhart Rd	Ste 150-B	Corpus Christi	78411
1000057740	07-17-2017	1000	1000	1-182	HHSC-Region 2/9	250-3	3016 Kermit Hwy	Odessa	79764
1000057883	07-19-2017	250	250	1-182	DSHS	324 Yapaco		Gilmer	75644
1000057950	07-20-2017	75	75	1-182	Benchmark Family Services	4506 Corona Drive		Corpus Christi	78411

Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
Program	Case Management
 	

MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000058141	07-24-2017	50	50	1-182	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058143	07-24-2017	50	50	1-182	High Sky Childrens Ranch	3136 Executive Dr		San Angelo	76904
1000058157	07-24-2017	100	100	1-182	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058165	07-24-2017	500	500	1-182	DSHS	2521 West Front Street		Tyler	75702
1000058467	07-24-2017	600	600	1-182	HHSC	1101 E. Old Settlers Blvd	Mail Code: 367-5	Round Rock	78664
1000058468	07-24-2017	600	600	1-182	HHSC	801 S. State Highway 161	3rd Floor- Ste. 300	Grand Prairie	75051
1000058469	07-24-2017	500	500	1-182	HHSC	801 S. State Highway 161	8th Floor- Ste. 800	Grand Prairie	75051
1000058660	07-27-2017	50	50	1-182	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058810	07-27-2017	1500	1500	1-182	DSHS	2521 West Front Street		Tyler	75702
1000057400	07-10-2017	75	75	1-220	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000057607	07-11-2017	500	500	1-220	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057883	07-19-2017	250	250	1-220	DSHS	324 Yapaco		Gilmer	75644
1000058141	07-24-2017	100	100	1-220	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058157	07-24-2017	100	100	1-220	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000057607	07-11-2017	500	500	1-221	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000057883	07-19-2017	250	250	1-221	DSHS	324 Yapaco		Gilmer	75644
1000058141	07-24-2017	100	100	1-221	DSHS	4601 South 1st St	Suite L	Abilene	79605
1000058157	07-24-2017	100	100	1-221	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000059844	8/15/2017	401	401	05-13684	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000059844	8/21/2017	99	99	05-13684	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000061411	8/30/2017	250	250	05-13684	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000059844	8/15/2017	10	10	05-13916	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000060045	8/15/2017	5	5	05-13916	Antonio Figueroa MD	1740 Boca Chica Blvd	Suite 100	Brownsville	78521
1000059606	8/21/2017	1	1	05-13916	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	5	5	05-13916	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059778	8/18/2017	1	1	05-13916	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000060274	8/17/2017	5	5	05-13916	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060413	8/18/2017	10	10	05-13916	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000061087	8/24/2017	25	25	05-13916	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000059606	8/21/2017	1	1	05-14010	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	10	10	05-14010	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000060274	8/17/2017	5	5	05-14010	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000061087	8/24/2017	150	150	05-14010	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000059151	8/3/2017	150	150	1-182	Lori Allen	629 Farley St		Waxahachie	75165
1000059252	8/4/2017	700	700	1-182	HHSC	440 South Nursery Rd	Ste 200	Irving	75060
1000059253	8/4/2017	850	850	1-182	HHSC	1540 New York Avenue	Mail Code: 012-6	Arlington	76010
1000059254	8/4/2017	250	250	1-182	HHSC	3910 Gaston Avenue	Ste 200	Dallas	75246
1000059349	8/8/2017	100	100	1-182	Safe Haven Community Services	14405 Walters Road	Ste 950	Houston	77014
1000059844	8/15/2017	300	300	1-182	DSHS	5425 Polk St	Suite 460 J	Houston	77023
1000060031	8/15/2017	75	75	1-182	Circle of Living Hope	4560 Cypress Creek Parkway	#104	Houston	77069
1000058808	8/17/2017	50	50	1-182	Maximus Region 10	8734 Plains Drive		El Paso	79907
1000058849	8/17/2017	75	75	1-182	Maximus Reg 11	208 San Saba		Portland	78374
1000058956	8/21/2017	5000	5000	1-182	Maximus Region 7	4000 South IH 35		Austin	78704
1000058978	8/18/2017	500	500	1-182	DSHS	1750 N Eastman RD		Longview	75601
1000059088	8/22/2017	100	100	1-182	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059121	8/17/2017	100	100	1-182	Maximus Region 1	2107 76th St		Lubbock	79423
1000059163	8/17/2017	150	150	1-182	HHSC - Region 8	MC 084-1	1616 Veterans Ave	Crystal City	78839
1000059206	8/17/2017	200	200	1-182	DSHS	1460 NW 19 Street		Paris	75460
1000059215	8/17/2017	500	500	1-182	HHSC - Region 8	MC 875-1	1607 E Common	New Braunfels	78130
1000059255	8/17/2017	200	200	1-182	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059276	8/18/2017	150	150	1-182	Maximus Region 2	4401 Hatchery Road		San Angelo	76903



Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
Program	Case Management

MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000059417	8/17/2017	50	50	1-182	Maximus Reg 6	857 County Road 4495		Hillister	77624
1000059606	8/21/2017	100	100	1-182	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	5000	5000	1-182	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059620	8/17/2017	100	100	1-182	MAXIMUS	502 BAXTER STREET		GARWOOD	77442
1000059679	8/17/2017	500	500	1-182	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059778	8/18/2017	200	200	1-182	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059815	8/22/2017	7800	7800	1-182	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059818	8/17/2017	200	200	1-182	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000059819	8/17/2017	200	200	1-182	Maximus Region 8	690 Musquiz Road		Crystal City	78839
1000059820	8/18/2017	100	100	1-182	Maximus Reg 8	2927 Tehuacan Drive		Eagle Pass	78852
1000059837	8/18/2017	50	50	1-182	Maximus Reg 8	315 Trainer Street		Blanco	78606
1000059873	8/17/2017	100	100	1-182	Maximus Region 1	110 Vernon		Lubbock	79415
1000059887	8/17/2017	300	300	1-182	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000060210	8/16/2017	200	200	1-182	DSHS	6302 Iola		Lubbock	79424
1000060413	8/18/2017	100	100	1-182	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060479	8/21/2017	10	10	1-182	Region One ESC ECI	1900 W Schunior Street		EDINBURG	78541
1000060533	8/21/2017	1000	1000	1-182	MAXIMUS	4000 S IH 35		Austin	78704
1000060775	8/22/2017	600	600	1-182	HHSC	204 Kimberly Drive	Mail Code: 063-3	Cleburne	76031
1000060777	8/22/2017	600	600	1-182	HHSC	800 N. Main	Ste. J	Corsicana	75110
1000060778	8/22/2017	900	900	1-182	HHSC	5455 Blair Road	Mail Code: 088-2	Dallas	75231
1000060779	8/22/2017	700	700	1-182	HHSC	2525 East Highway 175	Ste. B	Kaufman	75142
1000061087	8/24/2017	500	500	1-182	HHSC	MC 1938 Case Management	1100 W 49th St	Austin	78714
1000061159	8/28/2017	2000	2000	1-182	Advancing Together	341 Hollywood		Edinburg	78539
1000061412	8/31/2017	100	100	1-182	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000058978	8/18/2017	500	500	1-220	DSHS	1750 N Eastman RD		Longview	75601
1000059088	8/22/2017	100	100	1-220	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059121	8/17/2017	50	50	1-220	Maximus Region 1	2107 76th St		Lubbock	79423
1000059206	8/17/2017	100	100	1-220	DSHS	1460 NW 19 Street		Paris	75460
1000059255	8/17/2017	50	50	1-220	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059276	8/18/2017	150	150	1-220	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059606	8/21/2017	100	100	1-220	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	500	500	1-220	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059679	8/17/2017	500	500	1-220	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059873	8/17/2017	50	50	1-220	Maximus Region 1	110 Vernon		Lubbock	79415
1000060002	8/17/2017	50	50	1-220	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060413	8/18/2017	200	200	1-220	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000061412	8/31/2017	100	100	1-220	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000058978	8/18/2017	500	500	1-221	DSHS	1750 N Eastman RD		Longview	75601
1000059088	8/22/2017	100	100	1-221	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000059121	8/17/2017	50	50	1-221	Maximus Region 1	2107 76th St		Lubbock	79423
1000059206	8/17/2017	100	100	1-221	DSHS	1460 NW 19 Street		Paris	75460
1000059255	8/17/2017	50	50	1-221	Maximus Region 2	134 Sherwood Lane		Clyde	79510
1000059276	8/18/2017	150	150	1-221	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059606	8/21/2017	100	100	1-221	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	500	500	1-221	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059679	8/17/2017	500	500	1-221	Maximus Reg 1	1914 South 5th Street		Tahoka	79373
1000059873	8/17/2017	50	50	1-221	Maximus Region 1	110 Vernon		Lubbock	79415
1000060002	8/17/2017	50	50	1-221	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000061412	8/31/2017	100	100	1-221	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000059606	8/21/2017	5	5	EPSTD-15	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	10	10	EPSTD-15	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605

Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
Program	Case Management



MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000059778	8/18/2017	2	2	EPSDT-15	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059815	8/22/2017	36	36	EPSDT-15	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000059887	8/17/2017	0	0	EPSDT-15	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000059887	8/17/2017	2	2	EPSDT-15	Maximus Reg 8	188 Dandelion Trail		San Marcos	78666
1000060002	8/17/2017	5	5	EPSDT-15	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060257	8/18/2017	20	20	EPSDT-15	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000061226	8/30/2017	4	4	EPSDT-15	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061412	8/31/2017	10	10	EPSDT-15	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000059276	8/18/2017	15	15	EPSDT-15S	Maximus Region 2	4401 Hatchery Road		San Angelo	76903
1000059606	8/21/2017	5	5	EPSDT-15S	Maximus Region 1	906 S Birmingham		Amarillo	79104
1000059608	8/18/2017	10	10	EPSDT-15S	Maximus Region 2	4601 South 1st St	Suite A	Abilene	79605
1000059778	8/18/2017	2	2	EPSDT-15S	Maximus Reg 2	7667 FM 2606		Henrietta	76365
1000059815	8/22/2017	4	4	EPSDT-15S	Maximus Region 6	650 N Sam Houston Pkwy E		Houston	77060
1000060002	8/17/2017	5	5	EPSDT-15S	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000060257	8/18/2017	20	20	EPSDT-15S	Maximus Region 11	1925 E Iowa Road		Edinburg	78542
1000061226	8/30/2017	4	4	EPSDT-15S	Department of State Health Services	1400 College	Suite 167	Sulphur Springs	75482
1000061412	8/31/2017	10	10	EPSDT-15S	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
# of Shipments	221		71,545	Total # of Items Shipped					

Report Label	Description
MAXIMUS Order Number	Naming convention that identifies the specific shipment to an Agency or Provider
Ship Date	Date the shipment was sent to Agency or Provider
Qty. Ordered	Request amount for specific material from Agency or Provider
Qty. Shipped	Shipped amount for specific material based on request from Agency or Provider
Item	Specific material inventory number requested
Type Agency	Type of requestor: CBO, PROV, Agency Acronym
Agency/Provider	Name of requesting State Agency, Community Based Organization or Provider
Address1	Mailing Address, Line 1
Address2	Mailing Address, Line 1 (if needed, otherwise blank)
City	City Name (for Mail Address)
Zip	Zip Code (for Mail Address)
# of Shipments	Count of shipments sent for the Report Period
Total # of Items Shipped	Total Count of Material Items within shipments for the Report Period

Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
Program	Newborn Hearing



MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055102	06-26-2017	25	25	05-12258	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055265	06-26-2017	5	5	05-12258	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055855	06-27-2017	5	5	05-12258	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055911	06-19-2017	10	10	05-12258	BC Collins Home Health Care	2612 Byfield		Cedar Park	78613
1000055938	06-23-2017	5	5	05-12258	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055990	06-23-2017	5	5	05-12258	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055512	06-09-2017	1	1	05-13572	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	100	100	05-13572	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055265	06-26-2017	5	5	05-13572	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055938	06-23-2017	5	5	05-13572	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055990	06-23-2017	5	5	05-13572	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000056977	06-29-2017	10	10	05-13572	Unique Kare Children Services	1236 Rocky Road		Umland	78640
1000055102	06-26-2017	100	100	05-13581	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055990	06-23-2017	5	5	05-13581	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055990	06-23-2017	50	50	05-13597	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055512	06-09-2017	1	1	05-13598	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	150	150	05-13598	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055855	06-27-2017	250	250	05-13598	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055990	06-23-2017	250	250	05-13598	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055512	06-09-2017	1	1	05-13599	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	150	150	05-13599	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055265	06-26-2017	150	150	05-13599	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055855	06-27-2017	1000	1000	05-13599	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055938	06-23-2017	100	100	05-13599	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055990	06-23-2017	500	500	05-13599	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055135	06-02-2017	25	25	1-322	Complete Health Care	315 W Houston		Jasper	75951
1000055171	06-06-2017	100	100	1-322	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000055624	06-14-2017	300	300	1-322	Baylor College of Medicine	1977 Butler Blvd	Suite E5.100	Houston	77030
1000055789	06-14-2017	100	100	1-322	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055855	06-27-2017	4000	4000	1-322	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055990	06-23-2017	500	500	1-322	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000056729	06-26-2017	100	100	1-322	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000055789	06-14-2017	100	100	1-322A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055855	06-27-2017	4000	4000	1-322A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000056729	06-26-2017	50	50	1-322A	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000055346	06-07-2017	500	500	1-323	Hearing Screening Assoc	8118 Spring Bluebonnet Drive		Sugar Land	77479
1000055512	06-09-2017	25	25	1-323	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055624	06-14-2017	500	500	1-323	Baylor College of Medicine	1977 Butler Blvd	Suite E5.100	Houston	77030
1000055102	06-26-2017	150	150	1-323	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055855	06-27-2017	4000	4000	1-323	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055937	06-19-2017	1000	1000	1-323	C/O Ears and Hearing	6711 9th Street		Lubbock	79416
1000055990	06-23-2017	500	500	1-323	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000056020	06-20-2017	100	100	1-323	Bonham Public Library	305 E 5th Street		Bonham	75418
1000057047	06-29-2017	1000	1000	1-323	C/O Ears and Hearing	122 Saddlebrook Dr.		San Antonio	78245
1000055135	06-02-2017	25	25	1-323 0312	Complete Health Care	315 W Houston		Jasper	75951
1000055161	06-06-2017	214	214	1-323 0312	Good Shepherd Medical Center	Attn: Childbirth Education	700 E Marshall Ave	Longview	75601
1000055161	06-06-2017	786	786	1-323 0312	Good Shepherd Medical Center	Attn: Childbirth Education	700 E Marshall Ave	Longview	75601
1000055162	06-06-2017	100	100	1-323 0312	TruLight127 Ministries	242 Country Lane		Cibola	78108
1000055512	06-09-2017	25	25	1-323 0312	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055789	06-14-2017	100	100	1-323 0312	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056729	06-26-2017	25	25	1-323 0312	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056729	06-26-2017	75	75	1-323 0312	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000055789	06-14-2017	100	100	1-323A	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055102	06-26-2017	150	150	1-323A	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055855	06-27-2017	4000	4000	1-323A	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000056020	06-20-2017	25	25	1-323A	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056729	06-26-2017	50	50	1-323A	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056977	06-29-2017	25	25	1-323A	Unique Kare Children Services	1236 Rocky Road		Umland	78640
1000055099	06-02-2017	2000	2000	1-325	ST. JOSEPH'S WOMEN'S CENTER	C/O Ears and Hearing	1819 Crawford St. 1st Floor	Houston	77002

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055199	06-06-2017	1000	1000	1-325	Rio Grande Regional Hospital	101 E. RIDGE RD		MCALLEN	78503
1000055346	06-07-2017	300	300	1-325	Hearing Screening Assoc	8118 Spring Bluebonnet Drive		Sugar Land	77479
1000055448	06-09-2017	500	500	1-325	Pediatric Medical Group	1310 McCullough Ave	Metropolitan Methodist Hospital	San Antonio	78212
1000055522	06-13-2017	2000	2000	1-325	Pediatric Medical Group	1139 E Sonterra Blvd	2nd Floor Nursery/ Hearing Screen	San Antonio	78258
1000055580	06-13-2017	1200	1200	1-325	Pediatric Medical Group	2ND FLOOR NURSERY	1201 W 38TH ST	Austin	78705
1000055581	06-13-2017	600	600	1-325	Pediatric Medical Group	1401 MEDICAL PARKWAY		CEDAR PARK	78613
1000055591	06-12-2017	300	300	1-325	Pediatrics	2701 Hospital Drive	2nd Floor Nursery	Victoria	77901
1000055896	06-19-2017	500	500	1-325	Pediatric Medical Group	5th Floor- The Family Place Hearing Screen	7600 Beechnut	Houston	77074
1000055904	06-19-2017	200	200	1-325	Sierra Providence Teen Ctr	Ste 120	8899 Alameda	El Paso	79907
1000055937	06-19-2017	1000	1000	1-325	C/O Ears and Hearing	6711 9th Street		Lubbock	79416
1000055984	06-19-2017	1800	1800	1-325	Mednax	6200 Parker Rd	4th floor Nursery	Plano	75093
1000056047	06-20-2017	600	600	1-325	C/O Ears and Hearing	122 Saddlebrook Dr.		San Antonio	78245
1000056095	06-20-2017	800	800	1-325	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nurserv	Houston	77024
1000056096	06-20-2017	600	600	1-325	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056098	06-20-2017	400	400	1-325	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000056417	06-23-2017	400	400	1-325	Pediatric Medical Group	901 W Ben White Blvd	2nd floor Nursery	Austin	78704
1000056729	06-26-2017	100	100	1-325	Hearing Screening Associates	13106Chimney Sweep Drive		Houston	77041
1000056730	06-26-2017	200	200	1-325	Mednax	411 N Belknap St	Nursery	Stephenville	76401
1000057023	06-29-2017	200	200	1-325	Pediatric Medical Group	3333 North Foster Maldonado Blvd		Eagle Pass	78852
1000057025	06-29-2017	500	500	1-325	Pediatric Med Group/Nursery	100-A Alton Gloor Blvd	Attn Karen Rhodes/Hearing Screen	Brownsville	78526
1000057043	06-29-2017	500	500	1-325	Pediatric Med Grp/Post Partum	1600 11th St		Wichita Falls	76301
1000055135	06-02-2017	25	25	1-326	Complete Health Care	315 W Houston		Jasper	75951
1000055512	06-09-2017	25	25	1-326	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055789	06-14-2017	100	100	1-326	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055102	06-26-2017	150	150	1-326	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055990	06-23-2017	500	500	1-326	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055789	06-14-2017	100	100	1-327	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000055102	06-26-2017	50	50	1-327	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055855	06-27-2017	250	250	1-327	Molina Healthcare of Texas	1660 N. Westridge Circle		Irving	75038
1000055990	06-23-2017	250	250	1-327	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000056020	06-20-2017	25	25	1-327	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056095	06-20-2017	300	300	1-327	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nurserv	Houston	77024
1000056096	06-20-2017	150	150	1-327	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056098	06-20-2017	100	100	1-327	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000055789	06-14-2017	100	100	1-328	Childrens Medical Center	1320 Greenway Drive	Suite #1000	Irving	75038
1000056095	06-20-2017	300	300	1-328	Pediatric Medical Group	929 Gessner Rd	2nd Fl Nurserv	Houston	77024
1000056096	06-20-2017	100	100	1-328	Pediatric Medical Group	1635 N Loop W Fwy	4th Floor	Houston	77008
1000056098	06-20-2017	100	100	1-328	Pediatric Medical Group	27800 Northwest Freeway	South Tower 5th Fl Nursery	Cypress	77433
1000055102	06-26-2017	20	20	1-334	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055990	06-23-2017	100	100	1-334	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055135	06-02-2017	6	6	1-335	Complete Health Care	315 W Houston		Jasper	75951
1000055512	06-09-2017	1	1	1-335	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	50	50	1-335	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055265	06-26-2017	100	100	1-335	BlueCross BlueShield of TX	9442 Capital of Texas Highway	Blding II Suite 500	Austin	78759
1000055485	06-22-2017	100	100	1-335	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055938	06-23-2017	100	100	1-335	Amerigroup Community Care	Ste 400	12500 San Pedro Ave	San Antonio	78216
1000055990	06-23-2017	100	100	1-335	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055102	06-26-2017	50	50	1-336	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055485	06-22-2017	100	100	1-336	DSHS	MC 0734 Ste 427	5155 Flynn Pkwy	Corpus Christi	78411
1000055990	06-23-2017	100	100	1-336	CHRISTUS Health Plan	5129 Kostoryz Rd Unit C132	Uhaul Moving & Storage	Corpus Christi	78415
1000055135	06-02-2017	1	1	1-337	Complete Health Care	315 W Houston		Jasper	75951
1000055512	06-09-2017	1	1	1-337	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055102	06-26-2017	100	100	1-337	DSHS	MC 1902	2408 S 37th	Temple	76504
1000055135	06-02-2017	1	1	1-338	Complete Health Care	315 W Houston		Jasper	75951
1000055512	06-09-2017	1	1	1-338	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411
1000055098	06-26-2017	50	50	1-338	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000056020	06-20-2017	200	200	1-338	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056115	06-26-2017	200	200	1-338	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056346	06-26-2017	200	200	1-338	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000055512	06-09-2017	1	1	1-338A	Pediatrics	46135 Staples St	Ste C & D	Corpus Christi	78411

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MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000055098	06-26-2017	50	50	1-338A	HHSC - Region 6	MC 174-3	10060 Fuqua	Houston	77089
1000056020	06-20-2017	50	50	1-338A	Bonham Public Library	305 E 5th Street		Bonham	75418
1000056115	06-26-2017	200	200	1-338A	HHSC - Region 11	073-5	4410 Dillion Ln Suite 28	Corpus Christi	78415
1000056346	06-26-2017	200	200	1-338A	HHSC - Region 11	073-4	5155 Flynn Parkway	Corpus Christi	78411
1000055135	06-02-2017	25	25	1-342	Complete Health Care	315 W Houston		Jasper	75951
1000055102	06-26-2017	200	200	1-342	DSHS	MC 1902	2408 S 37th	Temple	76504
1000056730	06-26-2017	25	25	1-342	Mednax	411 N Belknap St	Nursery	Stephenville	76401
1000055102	06-26-2017	200	200	1-343	DSHS	MC 1902	2408 S 37th	Temple	76504
1000058257	07-24-2017	4	4	05-12258	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058524	07-27-2017	200	200	05-12258	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058660	07-27-2017	25	25	05-12258	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058931	07-31-2017	5	5	05-12258	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000057400	07-10-2017	10	10	05-13572	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000058257	07-24-2017	4	4	05-13572	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058524	07-27-2017	2	2	05-13572	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058931	07-31-2017	5	5	05-13572	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058931	07-31-2017	5	5	05-13581	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000057952	07-20-2017	25	25	05-13597	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000058257	07-24-2017	25	25	05-13598	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058257	07-24-2017	25	25	05-13599	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058562	07-26-2017	200	200	05-13599	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058157	07-24-2017	25	25	1-322	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058524	07-27-2017	200	200	1-322	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058660	07-27-2017	50	50	1-322	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058157	07-24-2017	25	25	1-322A	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058524	07-27-2017	200	200	1-322A	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058630	07-26-2017	500	500	1-322A	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nursery	Baytown	77521
1000057273	07-10-2017	1000	1000	1-323	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057529	07-11-2017	300	300	1-323	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057530	07-11-2017	300	300	1-323	Methodist Charton	3500 W Wheatland Rd		Dallas	75237
1000057856	07-19-2017	100	100	1-323	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057952	07-20-2017	25	25	1-323	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000058027	07-20-2017	500	500	1-323	Univ of Texas Medical Branch	301 Univ Blvd		Galveston	77555-0523
1000058157	07-24-2017	25	25	1-323	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058461	07-24-2017	600	600	1-323	C/O Ears and Hearing	2100 S. Mayhill Rd.		Denton	75028
1000058524	07-27-2017	500	500	1-323	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058531	07-27-2017	100	100	1-323	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058534	07-27-2017	100	100	1-323	E Caceres MD	4236 North Mccoll	Ste B	McAllen	78504
1000058630	07-26-2017	500	500	1-323	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nursery	Baytown	77521
1000058632	07-26-2017	500	500	1-323	C/O Ears and Hearing	2000 S. Palestine St.	2nd FLOB Unit	Athens	75751
1000058931	07-31-2017	50	50	1-323	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058932	07-31-2017	25	25	1-323	Unbrng Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000057856	07-19-2017	100	100	1-323A	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057953	07-20-2017	400	400	1-323A	Guadalupe Regional Medical Center	Women's Services	1215 E. Court St.	Sequin	78155
1000058157	07-24-2017	25	25	1-323A	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058524	07-27-2017	500	500	1-323A	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058531	07-27-2017	50	50	1-323A	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058534	07-27-2017	100	100	1-323A	E Caceres MD	4236 North Mccoll	Ste B	McAllen	78504
1000058931	07-31-2017	50	50	1-323A	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000057150	07-03-2017	600	600	1-325 0317	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000057153	07-03-2017	1000	1000	1-325 0317	Pediatric Medical Group	7600 Fannin 4th Fl. E Nursery		Houston	77054
1000057200	07-03-2017	600	600	1-325 0317	Pediatric Medical Group	919 E. 32nd ST	3rd Floor Nursery-Hearing Screen	Austin	78705
1000057214	07-10-2017	300	300	1-325 0317	Pediatric Medical Group	11212 State Highway 151	1st Floor Mother Baby Unit	San Antonio	78251
1000057218	07-10-2017	200	200	1-325 0317	TRMC	2001 N. Jefferson St		Mt Pleasant	75455
1000057220	07-10-2017	3000	3000	1-325 0317	Memorial Herman Hospital	6411 Fannin	H696	Houston	77030
1000057221	07-10-2017	300	300	1-325 0317	Edinburg Regional Medical Hosp	1102 W Trenton Rd		Edinburg	78539
1000057273	07-10-2017	1000	1000	1-325 0317	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	Mckinney	75070
1000057529	07-11-2017	400	400	1-325 0317	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057530	07-11-2017	300	300	1-325 0317	Methodist Charton	3500 W Wheatland Rd		Dallas	75237
1000057629	07-11-2017	1000	1000	1-325 0317	MAXIMUS	4000 S IH 35		Austin	78704



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1000057695	07-14-2017	400	400	1-325 0317	Pediatric Med Group Newborn	800 W Randoll Mill Road	1st Floor	Arlington	76012
1000057734	07-14-2017	500	500	1-325 0317	Pediatric Hearing Screen Dept	2831 E. President George Bush Highway	Suite PostPartum/Hearing Screen	Richardson	75082
1000057735	07-14-2017	500	500	1-325 0317	PediatricHearingScreen	6800 Scenic Dr	Suite 2ndFL Maternity/HearingScreen	Rowlett	75088
1000057736	07-14-2017	500	500	1-325 0317	Pediatric Hearing Screen	9440 Poppy Dr	5th Floor: PostPartum/HearingScreen	Dallas	75218
1000057738	07-14-2017	600	600	1-325 0317	C/O Ears and Hearing	1916 Country Brook		Weatherford	76086
1000057856	07-19-2017	200	200	1-325 0317	Lbj General Hospital	5656 Kelly St		Houston	77026
1000057875	07-19-2017	800	800	1-325 0317	Med Ctr Arlington	Nursery 3rd Floor	3301 Matlock Rd	Arlington	76015
1000057876	07-19-2017	300	300	1-325 0317	Medical City las Colinas	6800 N. Macarthur Blvd	3rd floor nursery	Irving	75039
1000057948	07-20-2017	1000	1000	1-325 0317	BSA Hospital	1600 Wallace Blvd		Amarillo	79106
1000057952	07-20-2017	25	25	1-325 0317	HeartStrings Midwifery	2239 Whistler Creek Drive	#1030	Fort Worth	76177
1000057953	07-20-2017	400	400	1-325 0317	Guadalupe Regional Medical Center	Women's Services	1215 E. Court St.	Sequin	78155
1000057990	07-20-2017	300	300	1-325 0317	Edinburg Regional Med Hosp	1102 West Trenton Rd	Newborn Nursery	Edinburg	78539
1000058011	07-20-2017	1000	1000	1-325 0317	Pediatric Medical Group	22999 Highway 59North		Kingwood	77339
1000058157	07-24-2017	25	25	1-325 0317	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000058460	07-24-2017	500	500	1-325 0317	Christus St Michael Hospital	2600 St Michael Drive	2nd Floor, Labor and Delivery	Texarkana	75503
1000058502	07-25-2017	2000	2000	1-325 0317	HENDRICK MEDICAL CENTER	1900 PINE ST		ABILENE	79601
1000058524	07-27-2017	500	500	1-325 0317	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058531	07-27-2017	100	100	1-325 0317	Hearing Screening Assoc	29502 Legends Bluff Drive		Spring	77386
1000058532	07-27-2017	1000	1000	1-325 0317	Pediatric Medical Group	111 Dallas St	3rd floor Nursery	San Antonio	78205
1000058561	07-26-2017	1500	1500	1-325 0317	C/O Ears and Hearing	14510 Dawn LN		Tyler	75709
1000058610	07-26-2017	700	700	1-325 0317	HEARING SCREEN NURSERY	10864 TEXAS HEALTH TRAIL		FORT WORTH	76244
1000058611	07-26-2017	1000	1000	1-325 0317	PEDIATRIX HEARING SCREEN NURSERY	1650 WEST COLLEGE STREET		GRAPEVINE	76051
1000058613	07-26-2017	1000	1000	1-325 0317	PEDIATRIX HEARING SCREEN WOMENS CENTER	3000 I-35 N		DENTON	76209
1000058630	07-26-2017	500	500	1-325 0317	Houston Methodist Hospital San Jacinto	4401 Garth Road	Nursery	Baytown	77521
1000058660	07-27-2017	50	50	1-325 0317	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000058931	07-31-2017	50	50	1-325 0317	CLINICA FAMILIAR SAN JOSE	8030 N FM 1015	SUITE B	MERCEDES	78570
1000058959	07-31-2017	100	100	1-325 0317	ST. MARKS MEDICAL CENTER	1 ST. MARKS PLACE		LA GRANGE	78945
1000057529	07-11-2017	400	400	1-326	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000058157	07-24-2017	25	25	1-326	DSHS	1014 N. Jefferson		Mount Pleasant	75455
1000057273	07-10-2017	25	25	1-327	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	McKinney	75070
1000057529	07-11-2017	400	400	1-327	SPOHN South Hospital	5950 Saratoga Blvd	Newborn Nursery	Corpus Christi	78414
1000057948	07-20-2017	1000	1000	1-327	BSA Hospital	1600 Wallace Blvd		Amarillo	79106
1000058562	07-26-2017	100	100	1-327	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058932	07-31-2017	25	25	1-327	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000057400	07-10-2017	100	100	1-328	Brazos Valley Community	1604 Stacey St		Navasota	77868
1000058257	07-24-2017	25	25	1-328 0312	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058524	07-27-2017	104	104	1-328 0312	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058524	07-27-2017	396	396	1-328 0312	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058257	07-24-2017	4	4	1-335	Family Medicine Center	801 McClintic Dr		Groesbeck	76642
1000058660	07-27-2017	50	50	1-335	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000057273	07-10-2017	1	1	1-336	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	McKinney	75070
1000058524	07-27-2017	2	2	1-336	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058660	07-27-2017	50	50	1-336	EmberHope Inc	3201 Cherry Ridge	C-304	San Antonio	78230
1000057273	07-10-2017	5	5	1-337	Pediatric Newborn Hearing	5252 W University Drive	Suite 2.134	McKinney	75070
1000058562	07-26-2017	100	100	1-337	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	50	50	1-338	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058562	07-26-2017	50	50	1-338A	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000058524	07-27-2017	200	200	1-342	McAllen Medical Center	301 W. Expressway 83	C/O Newborn Nursery	McAllen	78503
1000058869	07-28-2017	50	50	1-342	Hewitt Public Library	200 Patriot Court B		Hewitt	76643
1000057220	07-10-2017	50	50	1-343	Memorial Herman Hospital	6411 Fannin	H696	Houston	77030
1000058562	07-26-2017	100	100	1-343	TX DSHS (TEHDI Program)	1100 West 49th Street	Moreton Bldg- 2nd Floor	Austin	78701
1000061227	8/28/2017	1	1	05-12258	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000060413	8/18/2017	10	10	05-13572	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000060489	8/21/2017	10	10	05-13572	Holistic Birth Center	4705 Sanford Rd		Houston	77035
1000061227	8/28/2017	25	25	05-13597	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000058992	8/1/2017	200	200	1-322	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000060231	8/17/2017	300	300	1-322	Edinburg Regional Med Hosp	1102 West Trenton Rd		Edinburg	78539
1000061161	8/28/2017	100	100	1-322	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000058992	8/1/2017	200	200	1-322A	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660

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Program	Newborn Hearing



MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000060231	8/17/2017	300	300	1-322A	Edinburg Regional Med Hosp	1102 West Trenton Rd		Edinburg	78539
1000058985	8/1/2017	500	500	1-323	C/O Ears and Hearing	5528 Evening Star Ct		Tolar	76476
1000058986	8/1/2017	600	600	1-323	C/O Ears and Hearing	107 W. Foster Dr.		Robinson	76706
1000058992	8/1/2017	700	700	1-323	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000059123	8/3/2017	1000	1000	1-323	C/O Ears and Hearing	12 N. Schroeder Ave		San Angelo	76905
1000059225	8/15/2017	200	200	1-323	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000059314	8/15/2017	50	50	1-323	Pediatric Hearing Screen	7600 Fannin	4th FL: E Nursery	Houston	77054
1000059662	8/15/2017	300	300	1-323	C/O Ears and Hearing	1901 Durham Ave		Brownwood	76801
1000061161	8/28/2017	50	50	1-323	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061444	8/31/2017	300	300	1-323	Charleston Methodist	3500 W Wheatland Rd		Dallas	75237
1000058992	8/1/2017	500	500	1-323A	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000059225	8/4/2017	400	400	1-323A	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000058985	8/1/2017	500	500	1-325	C/O Ears and Hearing	5528 Evening Star Ct		Tolar	76476
1000058992	8/1/2017	1200	1200	1-325	C/O Ears and Hearing	3008 Moving Water LN		Pflugerville	78660
1000059115	8/3/2017	1500	1500	1-325	Pediatric Medical Group/Hearing Screen	7600 Fannin	4th Fl. East Nursery	Houston	77054
1000059123	8/3/2017	1000	1000	1-325	C/O Ears and Hearing	12 N. Schroeder Ave		San Angelo	76905
1000059162	8/3/2017	500	500	1-325	PEDIATRIX HEARING SCREEN NURSERY	1105 CENTRAL EXPWY N		ALLEN	75013
1000059164	8/3/2017	700	700	1-325	PEDIATRIX HEARING SCREEN NURSERY	5601 WARREN PKWY		FRISCO	75034
1000059225	8/4/2017	400	400	1-325	Bayshore Medical Center	4000 Spencer Hwy	2nd Floor	Pasadena	77504
1000059415	8/8/2017	300	300	1-325	Lbi General Hospital	5656 Kelly St		Houston	77026
1000059621	8/10/2017	50	50	1-325	Medical Center Hospital	500 W. 4th Street, 4th Floor Nursery	Hearing Screeners in Women & Infants Newborn Nursery	Odessa	79761
1000059662	8/10/2017	300	300	1-325	C/O Ears and Hearing	1901 Durham Ave		Brownwood	76801
1000059814	8/15/2017	500	500	1-325	MEDNAX	1600 Hospital Pkwy	Nursery	Bedford	76022
1000059870	8/16/2017	1056	1056	1-325	Pediatric Medical Group	7700 floyd curl	2nd floor mother/baby	san antonio	78229
1000059870	8/16/2017	1444	1444	1-325	Pediatric Medical Group	7700 floyd curl	2nd floor mother/baby	san antonio	78229
1000059888	8/16/2017	500	500	1-325	Pediatric Medical Group	1600 Wallace Blvd	NICU 3rd floor	Amarillo	79106
1000059890	8/16/2017	600	600	1-325	C/O Ears and Hearing	4631 Procter Street		Port Arthur	77642
1000060233	8/22/2017	1000	1000	1-325	Medical City Dallas	Pediatric Medical Group	7777 Forest Lane	Dallas	75230
1000060270	8/17/2017	144	144	1-325	Pediatric Medical Group	1901 N MacArthur Blvd	2nd floor Mom Baby Unit	Irving	75061
1000060270	8/22/2017	256	256	1-325	Pediatric Medical Group	1901 N MacArthur Blvd	2nd floor Mom Baby Unit	Irving	75061
1000060411	8/22/2017	300	300	1-325	Pediatric Medical Group	2201 S Clear Creek Road	Hearing Screen Program	Killeen	76549
1000060475	8/22/2017	1000	1000	1-325	Pediatric Medical Group	10301 Gateway West		El Paso	79925
1000060491	8/22/2017	800	800	1-325	Med Ctr. Arlington	Nursery 3rd Floor		Arlington	76015
1000060807	8/24/2017	350	350	1-325	Medical City Alliance	3101 N. Tarrant Pkwy	2nd Floor NURSERY	Fort Worth	76177
1000061016	8/24/2017	500	500	1-325	Pediatric Med Group Newborn	800 W Randall Mill Road	1st Floor	Arlington	76012
1000061042	8/24/2017	250	250	1-325	Rawling Plains Memorial Hospital	200 E Arizona		Sweetwater	79556
1000061045	8/24/2017	100	100	1-325	Origins Birth & Wellness Collective	10345 Alta Vista Rd		FORT WORTH	76244
1000061066	8/24/2017	500	500	1-325	Pediatric Medical Group	5th Floor- The Family Place Hearing Screen	7600 Beechnut	Houston	77074
1000061072	8/24/2017	500	500	1-325	Hendrick Medical Center	1900 Pine Street	Room 4531	Abilene	79601
1000061143	8/28/2017	500	500	1-325	Univ of Texas Medical Branch	301 University Blvd		Galveston	77555-0523
1000061161	8/28/2017	50	50	1-325	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061227	8/28/2017	50	50	1-325	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000061244	8/30/2017	300	300	1-325	Pediatric Medical Group	901 W Ben White Blvd	2nd Floor Nursery	Austin	78704
1000061402	8/30/2017	350	350	1-325	Medical City McKinney	4500 Medical Center Dr.	2nd Floor Nursery	McKinney	75069
1000061412	8/31/2017	50	50	1-325	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000061444	8/31/2017	300	300	1-325	Charleston Methodist	3500 W Wheatland Rd		Dallas	75237
1000061161	8/28/2017	50	50	1-326	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061163	8/28/2017	100	100	1-326	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000061412	8/31/2017	50	50	1-326	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000059314	8/8/2017	50	50	1-327	Pediatric Hearing Screen	7600 Fannin	4th FL: E Nursery	Houston	77054
1000061227	8/28/2017	50	50	1-327	University Medical Center of El Paso	4815 Alameda Ave.		El Paso	79905
1000059314	8/8/2017	50	50	1-328	Pediatric Hearing Screen	7600 Fannin	4th FL: E Nursery	Houston	77054
1000060274	8/17/2017	25	25	1-328	Upbring Foster in Texas	3606 N Navarro Street	Suite D	Victoria	77901
1000060489	8/21/2017	200	200	1-328	Holistic Birth Center	4705 Sanford Rd		Houston	77035
1000061161	8/28/2017	50	50	1-328	Coastal Health Wellness	9850 Emmett Lowry Expy		Texas City	77591
1000061163	8/28/2017	100	100	1-328	Humble ISD	4810 Magnolia Cove		Kingwood	77345
1000058978	8/18/2017	25	25	1-334	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	25	25	1-335	DSHS	1750 N Eastman RD		Longview	75601
1000058978	8/18/2017	25	25	1-336	DSHS	1750 N Eastman RD		Longview	75601

Report ID	EB 513
Report Name	THSteps Materials Shipment Report
Report Period	2017 Q4
Program	Newborn Hearing



MAXIMUS Order Number	Ship Date	Qty. Ordered	Qty. Shipped	Item	Agency/Provider	Address1	Address2	City	Zip
1000058978	8/18/2017	100	100	1-337	DSHS	1750 N Eastman RD		Longview	75601
1000060413	8/18/2017	100	100	1-337	DSHS Region 8 Tx Health	7430 Louis Pasteur Drive		San Antonio	78229
1000059088	8/22/2017	100	100	1-338	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000060002	8/17/2017	50	50	1-338	Maximus Reg 9	4325 Hatchery Road		San Angelo	76903
1000061412	8/31/2017	50	50	1-338	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000059088	8/22/2017	100	100	1-338A	HHSC - Region 6	270-7	117 Lane Drive Suite 50	Rosenberg	77471
1000061412	8/31/2017	50	50	1-338A	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
1000059314	8/8/2017	50	50	1-342	Pediatric Hearing Screen	7600 Fannin	4th FL: E Nursery	Houston	77054
1000060411	8/21/2017	300	300	1-342	Pediatric Medical Group	2201 S Clear Creek Road	Hearing Screen Program	Killeen	76549
1000061200	8/28/2017	400	400	1-342	Rio Grande Regional Hospital	Hearing Screen 3rd floor Nursery	101 E. Ridge Rd	Mcallen	78503
1000061412	8/31/2017	100	100	1-343	DSHS	1400 College St	Suite 167 rm 195	Sulphur Springs	75482
# of Shipments	308		107,238	Total # of Items Shipped					

Report Label	Description
MAXIMUS Order Number	Naming convention that identifies the specific shipment to an Agency or Provider
Ship Date	Date the shipment was sent to Agency or Provider
Qty. Ordered	Request amount for specific material from Agency or Provider
Qty. Shipped	Shipped amount for specific material based on request from Agency or Provider
Item	Specific material inventory number requested
Type Agency	Type of of requestor: CBO, PROV, Agency Acronym
Agency/Provider	Name of requesting State Agency, Community Based Organization or Provider
Address1	Mailing Address, Line 1
Address2	Mailing Address, Line 1 (if needed, otherwise blank)
City	City Name (for Mail Address)
Zip	Zip Code (for Mail Address)
# of Shipments	Count of shipments sent for the Report Period Calculation =COUNTA(all shipments detailed in MAXIMUS Order Number Column)
Total # of Items Shipped	Total Count of Material Items within shipments for the Report Period Calculation =SUM(All items in Qty. Shipped Column)